



ASSOCIATION ASSESSMENT FOR A PLAYER EXEMPTION

Player's Name		Club		FFA Number	
DOB		Age group to be assessed for.			

THE SECTION BELOW MUST BE COMPLETED BY AN INDEPENDENT ASSOCIATION ASSESSOR appointed by and on behalf of the AWFA.

I certify that I have assessed the above-named player and that the result of this assessment is reported below.

Criteria	*Training Assessment			#Match Assessment		Comments
	Yes	No		Yes	No	
The player has comparable strength, stamina and physique required to play in the grade applied for						
There is no increased risk to the player or other players in the grade applied for						
The player has the social sense to play in the grade applied for						

*Mandatory #Optional

Overall Recommendation:

After an appropriate assessment I recommend that the player's application to play in the grade requested by the club.

Is Approved
 Is Not Approved
 Needs reassessment

Highest grade approved to play in _____

Parental agreement of child playing in the grade requested.

Signature of Parent/Guardian

Please Print Name

 / /
Date

Signature of AWFA Assessor

Please Print Name

 / /
Date