



DISPENSATION FORM TO PLAY DOWN AN AGE

PLAYER DETAILS

| | | | |
|------------------|--|---------------------|--|
| Player Name | | | |
| Club | | myNetball No. | |
| Date of Birth | | Actual Age Grade | |
| Playing Position | | Requested Age Grade | |

PARENT / LEGAL GUARDIAN

I confirm that:

- I am a parent or legal guardian of the above named player; and
- I give my consent for the above named player to play below her age group.

| | | | |
|-------------|--|------|----------|
| Name | | | |
| Contact No. | | | |
| Signature | | Date | / / 2016 |

PERSON REQUESTING THE DISPENSATION

| | | | |
|----------|--|--|--|
| Name | | | |
| Club | | | |
| Position | | | |

JUSTIFICATION Please provide all relevant information that the Darwin Netball Association's Management Team will need to be able to make an informed decision. If there is not enough room below please attach an additional sheet

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

DARWIN NETBALL ASSOCIATION MANAGEMENT TEAM DECISION

| | | |
|-----------------------------|-------------|---------------|
| Request for Dispensation is | APPROVED | NOT APPROVED |
| Dispensation is valid for | Season 2016 | |
| Approving DNA Officer | | |
| Signature | | Date / / 2016 |

The Darwin Netball Association to complete and provide a copy of the Advice Confirmation Form to the Club, Coach and Player for their records