

First Name

SEASON:

## AWFA PLAYING BELOW AGE REQUEST/ASSESSMENT FORM

(Players applying for a grade below their age need to have this form completed by a Club licenced Coach Assessor.)

FFA Number:	
Club Player registered with:	
Player's True Age Group:	Age Group Requesting to Play:
Players Date of Birth:	Number of Years Players has been playing Football:
	s playing with their siblings or friends, or on a different day or because they efore, please include as much detail as possible to allow the Executive propriately:
I have assessed the above-named player	and that their assessment is reported above.
Name of Club Accredited Coach	Expiry Date of Accreditation
Signature of Club Accredited Coach	Date
by the club for verification from the Associa	signed by the player's guardian and a club Accredited Coach and returned ation Recorder prior to the participant playing in the younger age group. It must be kept on file by the Club and AWFA for a minimum of 7 years from
AWFA USE ONLY	
APPROVED Yes No	
Signed by AWFA Representative:	Date Request Processed:
Email Form to AWFA Recorder	

Family Name