REQUEST TO PLAY DOWN IN AGE Application Form



Applications are completed by the club or Association and are submitted to FNSW by the Association. Only applications supported by both the player's club and Association will be considered.

Before completing this form, the Club and Association must refer to the FNSW Play Down Guidelines.

The only time consideration will be given to a player to play below their own age group is where there is a medical certificate or specialist report confirming that a player has a diagnosed medical or developmental condition, and as a result, it is more suitable for the player to play down. All applications are subject to annual submission and approval by FNSW.

Play Down Applications must be completed in full and emailed to michelle@footballnsw.com.au

ALL SECTIONS MUST BE COMPLTED

Date Application completed	/ /
Name of Association	
Association Contact Person	

Name of Player:	
Name of Club:	
FFA Number	
Date of Birth	/ /
Current Age of Player:	Years
Natural Age Group	i.e. the age group in which the player would usually play
Requested Age Group	i.e. the age group in which the player wants to play
Current Weight	Кg
Current Height	cm
Diagnosed Medical or	
Developmental Condition/s	
Years playing with this club	
Played down in age previously	yes. If yes, for how many years? no unknown

DOCUMENTS REQUIRED	
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The following documents $1-3\ \text{MUST}$ be submitted with this application.

Tick that the following documents are attached with the application:

1. 🔄 yes 🛛 Letter o	r email from t	the parent/s or	legal guardian	requesting play	down approval.
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- 2. yes Letter or email of support from the club.
- 3. yes Medical certificate, report or statement from GP or specialist confirming diagnosis.
- 4. yes Additional supporting documentation or reports (optional)

SUBMIT APPLICATION to Football NSW by e-mail to: michelle@footballnsw.com.au

Office use only	
Received by FNSW:	/ /
Application assessed by:	
Application approved:	yes no
Decision Notified to Association:	/ /