



**REQUEST TO PLAY OUT OF AGE GROUP - PA02**  
**updated 15<sup>th</sup> July 2020**

This form is to be submitted to the SCF Board for their consideration to grant approval for a player to play out of their age group for the following:

- **playing up 2 years out of their age group; or**
- **playing down an age group**
- **Juniors requesting to play into Senior Competitions who have not attained the eligible age as per the 2020 Player Age Policy**

Players who are requesting to play up **one year only** out of their age group i.e. Under 12 to Under 13 are required to complete the SCF PA01 form available on our website. Completion of this PA02 form is not required. Please also refer to the 2020 Junior Player Age Policy.

**Please confirm with a cross if your request is to play up 2 years out of an age group or down an age group:**

Playing Up 2 years

Playing Down

If this is a **medical request** to play down complete Part A and Part D only. However a medical certificate must also be attached to complete the application.

**Part A - Player Details**

Request Date: \_\_\_\_\_

Player Name: \_\_\_\_\_

Player Date of Birth: \_\_\_\_\_

Club: \_\_\_\_\_

Current Age Group / Division: \_\_\_\_\_

Requested Age Group / Division: \_\_\_\_\_

Is this a permanent move to the requested age group: **Yes / No**

If no what dates is the move requested for : \_\_\_\_\_

**Part B - Parent / Guardian to complete**

Explanation for Request: \_\_\_\_\_

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**Part C - Club Director of Coaching to complete**

Name of Director of Coaching who has reviewed player: \_\_\_\_\_

If not Director of Coaching please state your club position: \_\_\_\_\_

Does the club including the Director of Coaching **agree / disagree** with the request (circle one)

Comments: *(compulsory to complete)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part D - must be completed by both parent / guardian and club executive prior to lodgement**

Parent / Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Club Executive Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_

<b>Club Checklist</b>	
<b>Signed by parent and club</b>	
<b>If Medical Exemption to play down is requested then the Certificate has been attached</b>	
<b>2020 Junior Player Age Policy has been reviewed</b>	

\* Please note this form must be submitted **at least 5 days prior** to the player playing out of their age group by a member of the club executive. Email to [office@sunshinecoastfootball.com.au](mailto:office@sunshinecoastfootball.com.au)

**\*\*\*\* Fines and loss of points, as per SCF Junior Player Age Policy and SCF Competition Rules, will apply when a player takes the field prior to submitting forms and receiving official approval.**

<b>Office Use Only</b>	
<b>Date Received</b>	
<b>Referred to SCF Board</b>	
<b>Decision of SCF Board Rcvd</b>	
<b>Club Advised of decision</b>	
<b>Status</b>	<b>Approved / Denied / Pending</b>