**GEELONG BASEBALL ASSOCIATION**

**GEELONG BASEBALL ASSOCIATION – Appendix One JUNIOR PLAYER DISPENSATION FORM**

**DATE OF APPLICATION ....... / ........ / …….. - DATE RECEIVED BY GBA ........ / ........ /……..**

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| **PLAYERS NAME:**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Town / Suburb \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone Number - Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **CLUB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENDER: M / F** |

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| **Section One: Reason for Dispensation Request:**  **Stipulate which age group:**  **Team Coach Name**  **Signature: Date:** |

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| **Section Two: Approval of Parent/Guardian**  **Name: Date:**  **Support Statement from parent – request**  **Signature:** |

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| **Approval given to play out of Age Group or reason for Rejection.**  **Accepted: Yes / No**  **Restriction if applicable:**  **GBA Junior Section Chairman/Secretary**  **Signature:** |

**NOTE: THE ORIGINAL MUST BE SENT TO THE GBA AND A FULLY COMPLETED COPY HELD BY THE CLUB**