**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**