



REQUEST TO PLAY OUT OF AGE GROUP - JUNIORS

When to complete this form?

Please complete this form if your child wishes to apply to play outside their current age group.

Player Details

Player Name (Person requesting permission)		Date of Birth	
Telephone		Gender	
Email Address			
Current Team Name			
Competition Name & Division (e.g. Under 12 Girls A, Under 16 Boys A)			
Season (e.g. Winter 2020)			

Request Details

Proposed Team	
Competition Name & Division (e.g. Under 12 Girls A, Under 16 Boys A)	
Reason for your Request	

Parent Declaration

By signing this form you agree declare that the information contained in this form is true and correct and that you consent for your child to play out of age current age group.

Parent Name	
Parent Signature	
Date	

TABA Office Use Only

Date Received	
Request Outcome (please circle)	<i>Approved / Declined</i>
Date outcome provided to applicant	
Match Committee Signature & Date	