



## **PLAYER CLEARANCE APPLICATION FORM**

### **To be completed by the Player**

Name: \_\_\_\_\_ Date Requested \_\_\_\_\_

Address: \_\_\_\_\_

Contact No. \_\_\_\_\_ Email: \_\_\_\_\_ DOB \_\_\_\_\_

I wish to apply for a clearance from \_\_\_\_\_ (Club)

Players Signature & parents for Junior Player \_\_\_\_\_

Is this player a representative player? (Please circle) YES/NO

If yes: Club \_\_\_\_\_ Team \_\_\_\_\_ Age/Division \_\_\_\_\_

### **To be completed by the Team/Club the player is clearing TO.**

We \_\_\_\_\_ (Team/Club) hereby request the clearance for

\_\_\_\_\_ (Players Name) Date \_\_\_\_\_

Signature \_\_\_\_\_ Position held in Team/Club \_\_\_\_\_

**If Representative-** Why is this player coming to your club? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Completed by the Team/Club the player is clearing FROM.**

We \_\_\_\_\_ (Team/Club) hereby grant/decline the clearance of

\_\_\_\_\_ (Players Name) Date \_\_\_\_\_

Signature \_\_\_\_\_ Position held in Team/Club \_\_\_\_\_

**If Representative-** Why is this player leaving your club? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

All clearances must be completed club/teams within 14 days of receipt.

### **To be completed by CBA Only.**

Association received date: \_\_\_\_\_ Date Granted \_\_\_\_\_

Signature: (President/Secretary) \_\_\_\_\_