



PLAYER PERMIT

This permit is to be used when a player wishes to play for a 2nd age group for another club other than their registered club

To be completed by the Player

Name: _____ Date Requested _____

Address: _____

Contact No. _____ Email: _____ DOB _____

I wish to apply for a permit 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 1st registered Club.

We _____ (Team/Club) hereby grant/decline the permit of

_____ (Players Name) Age Group playing in: _____

Date _____

Signature _____ Position held in Team/Club _____

To be completed by the 2nd registered Club.

We _____ (Team/Club) hereby request the permit for

_____ (Players Name) Age group playing in: _____

Date _____

Signature _____ Position held in Team/Club _____

If Declined please state reason _____

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

To be completed by CBA Only.

Association received date: _____ Date Granted _____

Signature: (President/Secretary) _____