



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 _____

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 _____

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) _____