



PLAYER PERMIT

THIS PERMIT IS 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] _____