# DOMESTIC CLUBS

**PLAYER EXEMPTION REQUEST FORM**

***Please Note:*** *Exemption forms must be completed and lodged by the player’s Domestic* Club to be considered by the SBA***.***

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| **Domestic Club Name** |  |
| **Club President Name** |  |
| **Which Season & Year** | * **Summer ☐ Winter ☐ Both 20 \_ \_**
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| **PLAYER DETAILS** |  |
| **Players Name** |  |
| **Gender** | * **Female ☐Male**
 |
| **Date of Birth** |  |
| **Natural Age Group** |  |
| **Proposed Age Group** |  |

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| **Detailed reasons for requesting this exemption are:** |
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| **In the case of a player requesting an exemption on medical grounds, the exemption may be granted after the SBA is satisfied of the bona fide’s of the medical grounds, provided that:****Medical certification of the extent and term of the illness is supplied by a certified medical practitioner or sports medicine specialist** |

**This request for an exemption has been reviewed by the Domestic Club and is in support of the exemption application**

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| **Club President/Delegate Signature & Date** |  |  |

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| **SBA OFFICE USE ONLY** |
| **Date Received from Domestic Club** |  |
| **SBA recommendation** | **Approved / Not Approved** |
| **Domestic Club advised** | **Yes / No** | **Date** |
| **Note: The SBA reserves the right to determine acceptable grounds for exemption Document revision date April 2019** |