



Consent to Play Up an Age Group

Domestic Club / Independent: _____

Season / Year: _____

Player Details

Full Name: _____

Gender: _____

Date of Birth: _____

Registered Age Group: _____

Requested Age Group: _____

Team that player will join: _____

I, _____ (parent/guardian name) give permission for the 'player' to participate in the _____ (play up age group), in the Hills Raiders Basketball Association competition for the current season. As parent / guardian, I accept full responsibility for the 'player' playing up in the nominated higher age group. I understand the Match Committee has the discretion to review the 'player' if they deem it necessary.

Parent / Guardian Signature: _____ Date: _____

Club / Independent Endorsement

Name: _____ Position: _____

Signature: _____ Date: _____

Forms must be completed and returned by the Club or Independent Representative.

HRBA Office Use Only

Date received: _____

The exemption remains valid for the current season only.