



Age Group Exemption to Play Down

Domestic Club / Independent: _____

Season / Year: _____

Has the Player participated in WABL in the last 12-months as a player or development player? _____
If YES – player is not eligible for an exemption.

Player Details

Full Name: _____

Gender: _____

Date of Birth: _____

Registered Age Group: _____

Requested Age Group: _____

Team that player will join: _____

Please outline reasons for exemption request:

Supporting documentation is required for exemptions to play-down an age grade.

Documentation may include a medical certificate, letter from a GP or medical specialist, school principal / teacher. A letter from the Parent / Guardian may be considered.

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: _____

HRBA Match Committee determination: APPROVED / NOT APPROVED

Club / Representative advised: _____

The exemption remains valid for the current season only.

The HRBA Match Committee reserves the right to determine acceptable grounds for exemption.