

AFL Canberra Junior League





This form is to be completed for junior players wishing to play in a lower age group.

Prior to the player participating in any games the player's parent or guardian must complete and sign this request form and return it to the Manager – Junior Football Operations at email lyn.parkinson@ainsliefootball.com.au.

Player Details: Please print clear	rly
Player's Name	
Year of Birth	
Player's Club	Ainslie Football Club
Proposed Team (eg Under 12s)	
Parent/Guardian Request:	
As the parent/guardian of the	above named player I, the undersigned, request permission for
	roup than the one determined by his/her chronological age for the
reasons specified below.	
Reason for Request: (eg first eve	er season of AFL, physically small size, limited or basic skills etc)
Authorisation:	
Parent/Guardian Name: (please p	print)
Parent/Guardian Signature:	Date:
Parent/Guardian Mobile: (please	print)
Junior President Name: Sue-	Anne McKeough
Junior President Signature:	Date: