



# VICTORIAN CHURCHES SOCCER ASSOCIATION INC

## JUNIOR PLAYER AGE EXEMPTION APPLICATION

**CLUB NAME:** \_\_\_\_\_

**PERSON COMPLETING FORM:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ | **PHONE:** \_\_\_\_\_  
\_\_\_\_\_ | **FAX:** \_\_\_\_\_

**POSITION IN CLUB:** \_\_\_\_\_

### PLAYER DETAILS:

**Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

Is player registered for current year? \_\_\_\_\_ If so, which team? \_\_\_\_\_

Previous club/teams played in (or first year): \_\_\_\_\_

Player capabilities (e.g. size, ability, number of years played, etc.): \_\_\_\_\_

### EXEMPTION DETAILS:

Season: \_\_\_\_\_ Correct age group ..... Under \_\_\_\_\_

Applying to play in age group Under \_\_\_\_\_  
Team : \_\_\_\_\_

### REASON EXEMPTION SOUGHT:

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#### OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of players in team with exemption: \_\_\_\_\_

Registration received: YES/NO

APPROVED/DISAPPROVED

Applicant informed: YES/NO