



Football Gold Coast – Player Dispensation Request Form

Please complete, print, sign and return by e-mail to: rdo@footballgc.com.au

Please only enter in Block cells.

- Age Dispensation is only considered for players age U18 and below.
- Please ensure all section are answered for dispensation to be considered.

DISPENSATION FORM PLAYER DETAILS (Completed by Parent)	
Full Name	
Address	
Date of Birth	
FFA Number	
Club	
Age Group this Season	
Age group requesting to play in	
<u>Reason for dispensation request</u>	

ASSESSMENT BY CLUB COACHING DIRECTOR:	
Name:	Date:
FFA Number:	Mobile Telephone No:
Email:	Coaching Accreditation:
Signature:	



PLAYER DETAILS: (Completed by Coaching Director)		
Did the player play for the last two years?		
Year:	Team:	Division:
Year:	Team:	Division:
PLAYER DETAILS: (Completed by Coaching Director)		
Did the player receive dispensation last year?		
Year:	Team:	Division:

PHYSICAL DEVELOPMENT: (Completed by Coaching Director)	
The player's level of physical development allows the player to compete safely with players in the proposed competition	
Proposed Playing Position(s):	
Weight (kg):	
Height (cm):	

SKILL DEVELOPMENT: (Completed by Coaching Director)		
The player's level of skill development allows the player to compete safely with players in the proposed competition (please circle)		
First Touch:	YES / NO	Skill Card, 1 top score, 5 Lowest score. 1-2-3-4-5
Striking the Ball:	YES / NO	Skill Card, 1 top score, 5 Lowest score. 1-2-3-4-5
Running with the Ball:	YES / NO	Skill Card, 1 top score, 5 Lowest score. 1-2-3-4-5
1v1:	YES / NO	Skill Card, 1 top score, 5 Lowest score. 1-2-3-4-5
Assessment occurred during:	Match / Training / Both	
Note: It is strongly desirable that assessment takes place both during training and under match conditions.		



SKILL DEVELOPMENT: (Completed by Coaching Director)	
Standard of Competition: Does the standard of competition allow the player to compete safely with players in the proposed competition?	YES / NO
Safety of Participant(s): Is the player under assessment a significant safety risk to themselves or others by NOT receiving Dispensation?	YES / NO

MEDICAL DETAILS: (Completed by Parent)	
Name of Doctor:	
Documentary evidence attached	YES / NO
Phone:	
Email:	

FOOTBALL GOLD COAST APPROVAL: (FGC Office Only)			
Approved: <input type="checkbox"/>	Declined: <input type="checkbox"/>	Sign:	Date:
If declined please state reason			

- The Football Gold Coast reserves the right to monitor the player's progress throughout the season and reconsider its decision accordingly. (Junior Competition Rules)
- The Football Gold Coast will make the final determination, taking into account whether there may be a suitable Grade within the Age Group in which the player could compete (Junior Competition Rules)
- The Player is not granted dispensation until the club is notified by Football Gold Coast.
- Please contact Regional Development Officer if any assistance maybe needed.
- **Player Dispensation Request Form** to be completed by Coaching Director of Club.