



SUNSHINE COAST FOOTBALL INC

Application for Permission to Participate at a Different Age Level

Player's Full Name _____

Date of Birth _____

Gender _____

Zone Sunshine Coast Football _____

Club _____

Current Age Level _____

I request that my son / daughter be permitted to compete or train with the following age levels and this request is within the parameters of the current Player Age Policy:

I agree to indemnify and to keep indemnified Sunshine Coast Football Inc or any of its possible associated entities of any Legal proceedings resulting from my son's or daughter's participation in a different age level.

Parent / Guardian Name: _____

Signed: _____

Date: _____