



# PLAYING OUTSIDE NATURAL AGE GROUP PLAYING DOWN APPLICATION

## 1 PLAYER DETAILS

NAME: \_\_\_\_\_

CLUB: \_\_\_\_\_ DOB: \_\_\_\_\_

## 2 PARENT/GUARDIAN

NAME: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

## 3 COACH/ASSESSOR

NAME: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ NCAS LEVEL: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

## 4 APPLICATION

Please outline the reason(s) for which this permission is sought (coach to complete):

DOES THE PLAYER INTEND TO:  PITCH  CATCH



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## 5 COACH DECLARATION

I, \_\_\_\_\_, confirm that I have conducted a skills assessment on the abovenamed player and do verily believe playing down an age level would be advantageous to improving his or her baseball skills and would not pose an unacceptable risk of injury to other players in that age level.

**SIGNATURE OF COACH/ASSESSOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

### OFFICE USE ONLY

**Date Lodged:** \_\_\_\_\_ **Time Lodged:** \_\_\_\_\_

**Received and actioned by:** \_\_\_\_\_



## PLAYING OUTSIDE NATURAL AGE GROUP PLAYING DOWN CLEARANCE

### 1 PLAYER DETAILS

NAME: \_\_\_\_\_

CLUB: \_\_\_\_\_ DOB: \_\_\_\_\_

### 2 PLAYING DOWN CLEARANCE

The GBL Committee has approved abovenamed player to participate in the GBL according to the following terms:

AGE GROUP: \_\_\_\_\_

DIVISION (IF RESTRICTED): \_\_\_\_\_

THE PLAYER MAY:  PITCH  CATCH  NEITHER

OTHER RESTRICTIONS (IF APPLICABLE):

VALID FROM: \_\_\_\_\_

Playing Down Clearances are valid for an entire season. Players subject to a Playing Down Clearance are excluded from playing in their natural age group.

SIGNATURE OF GBL CHAIRPERSON: \_\_\_\_\_

DATE: \_\_\_\_\_