

GOULBURN VALLEY LEAGUE OVERAGE PERMIT APPLICATION FOOTBALL UNDER 16*/UNDER 18*

*delete whichever is not applicable

Please complete this form and return to the League Operations Manager by post to -

PO Box 1253 Shepparton 3632, or email to jo.spencer@afl.com.au

First name	Surname		
Date of Birth//			
Club Representing			
Other Clubs Played for			
Heightcm	Weightkg		
easons PlayedHighest Grade Played			
Club Awards			
League Awards			
Representative Squads			
Player's Statement (Reasons for requiring overage permit)			
(If further space is required, please attach another sheet)			
Player's Name	Signature		
Coach/Junior Development Officer Statement (Reasons for requiring overage permit)			
Coach's Name	Signature		
President's Name	Signature		



PERMIT CONDITIONS.

- A player must be under the age of 19 as of the 1st of January of the current playing season.
- Any player who has been granted an overage permit who is reported and found guilty of an
 offence, shall have their permit automatically withdrawn. This shall include the acceptance of
 a set penalty.
- A club may not have more than four overage permit players each year.
- A player having played senior grade football at any club in any season, is not eligible for an overage permit.
- No overage permits will be granted after 30th of June each year.
- The decision on the granting or otherwise of an overage permit by the GVL Board is final.
- A player playing on an overage permit must be highlighted or otherwise marked on the team sheet.
- An overage permit is provisional for four games after which the permit will be re-assessed. A
 further re-assessment will be conducted on or about 30th of June.
- An overage permit player may not play senior grade football or more than four reserves grade games.
- Overage permit players and their club must be fully aware of the relevant bylaws section 5.
- A copy of a proof of age document must be attached to this application.
- A copy of a medical certificate must be attached to this application if request is due to health issues.

health issues.			
We, the undersigned, understand and agree to the above conditions.			
Signed player Si	gned	President/Coach	
GVL use only			
Date application received	/	/20	
Signed conditions received	Y/N		
Proof of age attached	Y/N		
Medical certificate attached	Y/N	or N/A	
Player Statement completed	Y/N		
Coach/JDO Statement completed	Y/N		
Signed by President	Y/N		
Provisional approval	Y/N	Provisional for four games	
Date Club Advised /	/20_	_ via	
Reassess after round			
Final approval	Y/N		
Date Club Advised /	/20	via	