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| FORM B - SCCSA APPLICATION FOR PLAYER DISPENSATION   * A player may not play down an age division or play up two age divisions until this dispensation has been granted and official approval given to the club. * **Dispensations will not be processed unless all questions on this form have been completed and it has been duly signed by all parties.**  Any uncompleted forms will be automatically returned to the clubs for further action. * Dispensations will not necessarily be approved:-  1. Purely for the purpose of allowing friends or relatives to play in the same team. 2. Purely because a player is born towards the end of a calendar year and/or lacking in size. 3. Because they are new players and/or they are lacking in their skill level. | | | |
| **DISPENSATION PROCESS**   * All applications for Rooball players (U6-10) must be emailed to SCCSA Admin and they will be assessed by representatives from the SCCSA Executive. * Applications for Competitive players (U11 and older) will normally require the player to attend a dispensation session in order to be assessed by the SCCSA Coaching Director and representatives from the SCCSA Executive. **Players seeking** dispensation for Disability or Physical/development consideration and have a medical certificate are not required to attend the dispensation session. Neither are those wishing to play up two age groups. * Each competitive player must notify the SCCSA Admin of their intention to seek dispensation and if required, they must bring a copy of their completed application form to the session. **Any player who turns up to a session without notifying the SCCSA Admin or without a form will not be considered for dispensation.** * Applications for Competitive players would also include U9 and U10 players wishing to play up two age groups and U11 players wishing to play down age group. | | | |
| **DISPENSATION ASSESMENT DATES FOR 2022**   * Competitive player assessment – **22 Feb, 1 March and 8 March 2022 at Multisports Complex** * Applications for Rooball players (U6-10) received after **18 March 2022** may take more than one week to process. * Application for Competitive players (U11-U18/19) received after the last assessment session may incur a fee of $100. | | | |
| PLAYER DETAILS | | | |
| Name |  | Date of Birth |  |
| Height (cm) |  | Weight (kg) |  |
| Actual Age Group |  | Requested Age Group |  |
| Does the player have a medical, physical or psychological condition? If yes, please provide supportive evidence. | | | |
| Do you have any concerns if this application for dispensation is not approved? If yes, please give details. | | | |
| PARENT/LEGAL GUARDIAN APPROVAL | | | |
| I confirm that -   1. I am a parent or legal guardian of the above-mentioned player. 2. I gave my consent for the above-mentioned player to play down one age group or two years above their age group and understand the risks. 3. All information regarding the above-mentioned player are true and accurate.   NAME: SIGNATURE: DATE: | | | |

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| TYPE OF DISPENSATION REQUEST (PLEASE CIRCLE THE RELEVANT OPTIONS) | |
| Rooball Competitive Down one Age Group Up two Age Groups | |
| CLUB INFORMATION | |
| Club Name | |
| Number of years player has played: | Have they played representative soccer? |
| Have they received dispensation in the past?  If yes, how many years?  If yes, are the reasons the same? | Has anyone else from the team they are looking to be moved into received or applied for dispensation? |
| Do you have a team in their actual age group?  Do you have a team in the one age group above them? | If yes, then please indicate as to why it is not suitable for them to play in that team? |
| CLUB’S APPROVAL | |
| 1. I am the current committee member of our club and all information provided is true and accurate. 2. I give my consent for the above-mentioned player to receive dispensation.   NAME: SIGNED: DATE: | |
| CLUB COACHING DIRECTOR’S ASSESSMENT | |
| Would the player’s level of physical and emotional development allow them to compete safely in their actual age group? If no, please give reasons.  Would the player’s skill level be more compatible with their requested age group? If yes, please give details.  Could this application for dispensation have a positive or negative impact on the player’s future development and their involvement in the game? | |
| COACHING DIRECTOR’S APPROVAL | |
| I confirm that all the information provided on the player’s assessment is true and accurate.  NAME: SIGNATURE: DATE: | |
| DISPENSATION ASSESSMENT - SCCSA COACHING DIRECTOR & EXECUTIVE | |
| Comments on player’s physical development (e.g. safety, suitability).  Comments on player’s skill level (Compatible - weak, average, excellent)  Comments on whether player’s development and passion for the game may be impacted by this application. | |
| DISPENSATION DECISION | |
| PLAYERS NAME:  Coaching Director - Yes or No Signed Dated  SCCSA Executive 1 - Yes or No Signed Dated  SCCSA Executive 2 - Yes or No Signed Dated  SCCSA Executive 3 - Yes or No Signed Dated | |