

DISPENSATION CONSENT FORM



JUNIOR - SENIOR AMERICAN FOOTBALL

PLAYER DETAILS

Name: _____ **Club / Team:** _____
Date of Birth: _____ **Playing Position(s):** _____
Contact Number: _____ **Email:** _____
Standing Height (cm): _____ **Weight (kg):** _____

Dispensation Type:

Junior + 2 Quarters Senior

Senior

PARENT / LEGAL GUARDIAN CONSENT

I, the undersigned, declare that:

- a) I am the parent/legal guardian of the above-named player.
- b) The height and weight details provided are accurate.
- c) I have read and accept the AFSA dispensation procedures and guidelines.
- d) I understand the dispensation process aims to ensure safe and fair play.
- e) I consent to sharing relevant assessment details with AFSA officials.
- f) I acknowledge American Football is a contact sport with inherent risks and I waive any liability claims against AFSA, officials, and volunteers.
- g) I am fully aware of the physical and mental level that my child will be expected to play at in the Senior competition and that they will be playing with and against adult participants.

Parent/Legal Guardian Name: _____

Signature: _____ Date: _____

AFSA ADMINISTRATIVE USE ONLY

Appointed Assessing Coach Name: _____

Player Assessment Complete: YES NO N/A

Dispensation Outcome Recorded: YES NO

Notes: _____

