



Little League WESTERN AUSTRALIA



DISPENSATION APPLICATION / CONSENT FORM

THIS FORM IS NOT TO BE USED FOR ANY PLAYER WHO IS LEAGUE AGE 12

REGISTRATION DETAILS:

Player's Name: _____ Date of Birth: _____

Address: _____ Post code: _____

Email address: _____ Contact No: _____

Grade eligible for: _____ Grade seeking to play in: _____

Club: _____ Charter: _____

We the undersigned seek dispensation for the player above to play down from his/her eligible age group. Reasons for the request for the player to participate one age level below the player's natural age level are as follows

All of the above information is to our knowledge true and correct. We as a unified group believe these to be the exact reasons for seeking this dispensation. As such, we absolve Baseball WA/LLWA and ANY of its employees of any liability that may occur as a result of said player being given this dispensation. This liability may include, but is not limited to personal injury, emotional trauma, and decreased skill development as a player.

A PLAYER ONCE GRANTED DISPENSATION CANNOT COMPETE IN ANY OTHER GRADE FOR THE BALANCE OF THE CURRENT SEASON.

Printed Name: _____ Parent or Guardian

Signature: _____ Date: _____

Printed Name: _____ Club President

Signature: _____ Date: _____

Printed Name: _____ Charter Assistant District Administrator

Unanimous approval by Charter Committee: Yes / No

Note: if approval is not unanimous by the charter committee, the OSM will forward this form to the Baseball WA Competitions Manager for review.

Signature: _____ Date: _____

Email this form to support@baseballwa.asn.au