



DISPENSATION APPLICATION / CONSENT FORM

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

Applicants Details:

Player's Name: _____ Date of Birth: _____

Email address: _____ Contact No: _____

Grade eligible for _____ Grade seeking to play in: _____

Club Registered at: _____ Local League Name: _____
(Charter Name)

Reasons for the request to participate one age level below the player's natural age level are as follows:
(To be filled in by the parent, not the club)

Parent(s) or Legal Guardian's Agreement/Signature

I/we, the parent(s) of the candidate named above request that he/she be placed lower league division team for his/her league age for the current regular season in the local Little League named above. I/we understand and agree that the local league Charter Committee named above may or may not approve this request. I/we understand and agree that Little League International is the final authority in determining whether or not the candidate named above will be approved for this waiver with players League age 13.

I/we understand and agree that if the District Administrator does not approve this request, it cannot be appealed except to the District Administrator. I/we understand and agree that if this request is approved, the candidate named above will:

- NOT be eligible to be promoted to a higher league division for the balance of the current season.

Printed Parent/Guardian Name: _____

Signature: _____

Date: _____

Local League President's Certification/Signature

As the President of the local Little League named above, I certify that a majority of the local league charter committee of this league, who were present at a duly constituted meeting, has voted to:

Approve ☐ Disapprove ☐ of this request.

Local League President's Name: _____

Signature: _____

Date: _____

District Administrator:

Approve ☐ Disapprove ☐ of this request.

Name: _____

Signature: _____

Date: _____

Email this form to support@baseballwa.asn.au