



BASKETBALL ACT COMPETITIONS EXEMPTION FORM

Name of Player: _____ Club: _____

Team Name: _____ Grade: _____

Exemption Reason (please tick):

- Play in a Lower Age Group
- Finals Eligibility
- Other (list): _____

Please provide reasoning for requesting the exemption (required):

An application to play in a lower age group must be signed by both the club and parents.

Finals Eligibility exemptions must be accompanied by supporting documentation (eg medical certificate or physio note).

Parent/Guardian Name: _____

Signature: _____

Date: _____

Team Representative Name: _____

Position: _____

Signature: _____

Date: _____

Player Name: _____

Signature: _____

Date: _____