BASKETBALL ACT COMPETITIONS EXEMPTION FORM

Name of Player: _____ Club: _____

Team Name: _____ Division: _____

Exemption Reason

_____Under By-Law Number_____

Please provide reasoning for requesting the exemption (required):

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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: _____