****

**HAMPDEN FOOTBALL NETBALL LEAGUE**

**2024 OVERAGE PERMIT APPLICATION**

**FOOTBALL UNDER 18**

Please complete this form and return to Trent Hill by email to admin@hfnl.org.au

First name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Club Representing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Clubs Played for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seasons Played\_\_\_\_\_\_\_\_\_\_\_\_\_Highest Grade Played\_\_\_\_\_\_\_\_\_\_\_\_\_

Club Awards\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

League Awards\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative Squads\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player’s Statement (Reasons for requiring overage permit)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If further space is required, please attach another sheet)

Player’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach/Junior Development Officer Statement (Reasons for requiring overage permit)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMIT CONDITIONS.**

* A player must be under the age of 19 as of the 1st of January of the current playing season.
* Any player who has been granted an overage permit who is reported and found guilty of an offence, shall have their permit automatically withdrawn. This shall include the acceptance of a set penalty.
* A club may not have more than four overage permit players each year.
* A player having played senior grade football at any club in any season, is not eligible for an overage permit.
* No overage permits will be granted after 30th of June each year.
* The decision on the granting or otherwise of an overage permit by the HFNL Board is final.
* A player playing on an overage permit must be highlighted or otherwise marked on the team sheet. Example O/A
* An overage permit is provisional for four games after which the permit will be re-assessed. A further re-assessment will be conducted on or about 30th of June.
* An overage permit player may not play senior grade football or reserves football. If they do, their permit shall be automatically withdrawn.
* Overage permit players and their club must be fully aware of the relevant HFNL bylaws.
* ***A copy of a proof of age document must be attached to this application.***
* ***A copy of a medical certificate must be attached to this application if request is due to health issues.***
* ***The HFNL Football Executive reserves the right to revoke the permit at any time.***

We, the undersigned, understand and agree to the above conditions.

Signed player\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed President/Coach\_\_\_\_\_\_\_\_\_\_\_\_

HF use only

|  |  |
| --- | --- |
| Date application received | / /2024 |
| Signed conditions received | Y/N |
| Proof of age attached | Y/N |
| Medical certificate attached | Y/N or N/A |
| Player Statement completed | Y/N |

Coach/JDO Statement completed Y/N

Signed by President Y/N

Provisional approval Y/N Provisional for four games

Date Club Advised / /2024 via\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reassess after round \_\_\_\_\_\_\_\_\_\_\_\_\_

Final approval Y/N

Date Club Advised / /2024 via\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2