



WAVERLEY DISTRICT NETBALL ASSOCIATION INC.

Incorporation No: A008400H

ABN: 72058001575

PERMISSION TO PLAY OUT OF ALLOWED AGE GROUP FORM

Date _____

I _____ of _____
(full name of parent or guardian) (parent or guardian home address)

Being the parent or guardian of _____
(player name)

Born _____ consent to my _____
(relationship to player)

Playing in section _____ (a higher section than allowed for her age), on Saturday
_____/_____/_____.

I accept full responsibility for this and acknowledge that should an injury occur during the course of the game, no action will be taken against WDNA.

Signed _____

Name _____
(Please print name in full)

Motioned and accepted by _____
WDNA Committee member name

WDNA Committee member signature

WDNA Committee member name

WDNA Committee member signature

WDNA Committee member name

WDNA Committee member signature