# CENTRAL COAST DIVISION JUNIOR RL COMPETITIONS DISPENSATION REQUEST

## Player Information

Full Name: _____     _____
                        (First)                                                         (Last)

Address: _____
                (Street Address)

_____     _____     _____
                (Suburb)                                               (State)                     (Post Code)

Birth Date: _____/_____/_____     NRL ID: _____

Name of School: _____

School Address: _____
                            (Street Address)

_____     _____     _____
                (Suburb)                                               (State)                     (Post Code)

## Parent/Guardian Information

Full Name: _____     _____
                        (First)                                         (Last)

Address: _____
                (Street Address)

_____     _____     _____
                (Suburb)                                               (State)                     (Post Code)

Contact Number: _____     Email: _____

## Transfer Details

Previous Club: _____     Under: _____ Division: _____
                            (Insert Club)                                                    (Insert age group)

Destination Club: _____     Under: _____ Division: _____
                            (Insert Club)                                                    (Insert age group)

Playing Position/s: _____

Reason for Request: _____

_____

_____

_____

_____

## Signatures

Player Name: _____ Player Signature: _____ Date: ____/____/____
        (Player over 18 years of age)                                  (Player over 18 years of age)

Parent/Guardian Name: _____
                    (Player under 18 years of age)

Parent/Guardian Signature: _____ Date: ____/____/____
                        (Player under 18 years of age)

On behalf of the _____ JRLFC I hereby give permission for
                (Insert Club Name)

_____ to lodge this dispensation request with the Competition Committee.
(Player Name)

**Note:** In endorsing such Dispensation request I acknowledge that registration/clearance of this player is not to progress from Clearance submission requests/pending registrations until the Dispensation Request has been finalised at Competition Committee level. In attempting to register a player or players on transfer whilst on or over the 2 Player Transfer Permissions and/or Development/Representative Player quota the Club shall be deemed as intentionally breaching Competition Rules applicable to same and NRL Code of Conduct – E. Behave in a way contrary to the Code of Conduct and/or the spirit of the game. Team and Club Officials may be subject to fines, suspensions and/or other sanctions.

Club Representative Name: _____ Position Held: _____

Club Representative Signature: _____ Date: ____/____/____

### *For League Use Only*

Date Received: ____/____/____ Time Received: _____ Representative Player: Yes / No

Previous Club: _____ Under: _____ Division: _____
            (Insert Club)                                                      (Insert age group)

Previous Team Numbers: _____ Number of Leaving Player: _____

Designation Team Numbers: _____ Designation Team Number of Representative Players: _____

Date determined: ____/____/____ Application Granted: Yes / No

Any conditions/Provision: _____

_____

Reason/s for not granting application: _____

_____

Further information required: _____

_____