

FORM B - SCCSA APPLICATION FOR PLAYER DISPENSATION

- A player may not play down an age division **until dispensation has been granted**, and official approval given to the club. Penalties apply if this is not observed.
- Dispensations will not be processed unless all questions on this form have been completed and it has been duly signed by all parties. Any uncompleted forms will be returned to the club for completion.
- Dispensations will not necessarily be approved:-
 - a) Purely for the purpose of allowing friends or relatives to play in the same team.
 - b) Purely because a player is born towards the end of a calendar year and/or lacking in size.
 - c) Because they are new players and/or they are lacking in their skill level.

DISPENSATION PROCESS

- Applications for Rooball players (U6-10) will be assessed by SCCSA Executive without the need to attend a session to assess the players' skills.
- Applications for Competitive players (U11 and older) will normally require the player to attend a dispensation session in order to be assessed by the SCCSA Coaching Director and representatives from the SCCSA Executive.
- Players seeking dispensation for disability or physical/development consideration who have a medical certificate are not required to attend the dispensation session.
- Each competitive player must notify their intention to seek dispensation by lodging this form, and if required to attend a dispensation session, must bring a copy of their completed application form to the session. **Any player who attends session without notifying the SCCSA Admin or without a form will not be considered for dispensation.**
- Applications for Competitive players also include U11 players wishing to play down age group.

DISPENSATION ASSESMENT DATES FOR 2024

- Competitive player assessment: 1 – 20 February 2024 at **Caloundra Soccer Club**
2 - 27 February 2024 at **Multisports Complex**
- Applications for Rooball players (U6-10) received after **15 March 2024** may take more than one week to process.
- Application for Competitive players (U11-U16/17) received after the last assessment session will incur a fee of \$100.

PLAYER DETAILS

Name		Date of Birth	
Height (cm)		Weight (kg)	
Actual Age Group		Requested Age Group	

Does the player have a medical, physical, or psychological condition? If yes, please provide supporting evidence.

Do you have any concerns if this application for dispensation is not approved? If yes, please give details.

PARENT/LEGAL GUARDIAN APPROVAL

I confirm that:

1. I am a parent or legal guardian of the above-mentioned player.
2. I gave my consent for the above-mentioned player to play down one age group and understand the risks.
3. All information regarding the above-mentioned player is true and accurate.

NAME:

SIGNATURE:

DATE: / /

Club and SCCSA to complete:

TYPE OF DISPENSATION REQUEST (PLEASE CIRCLE THE RELEVANT OPTIONS)		
Rooball	Competitive	Down one Age Group
CLUB INFORMATION		
Club Name:		
Number of years player has played:		Played representative soccer? Y / N
Received dispensation in the past? Y / N If yes, how many years? If yes, are the reasons the same? Y / N		Anyone else in the proposed team received or applied for dispensation? Y / N
Do you have a team in their actual age group? Y / N Do you have a team in the one age group above? Y / N		If yes, then please indicate as to why it is not suitable for them to play in that team:
CLUB APPROVAL		
1. I am the current committee member of our club and all information provided is true and accurate. 2. I give my consent for the above-mentioned player to receive dispensation.		
NAME:	SIGNED:	DATE:
CLUB COACHING DIRECTOR'S ASSESSMENT		
Would the player's level of physical and emotional development allow them to compete safely in their actual age group? If no, please give reasons.		
Would the player's skill level be more compatible with their requested age group? If yes, please give details.		
Could this application for dispensation have a positive or negative impact on the player's future development and their involvement in the game?		
CLUB COACHING DIRECTOR'S APPROVAL		
I confirm that all the information provided on the player's assessment is true and accurate.		
NAME:	SIGNATURE:	DATE:
DISPENSATION ASSESSMENT – SCCSA COACHING DIRECTOR & EXECUTIVE		
Comments on player's physical development (e.g. safety, suitability).		
Comments on player's skill level (Compatible – weak, average, excellent)		
Comments on whether player's development and passion for the game may be impacted by this application.		
DISPENSATION DECISION		
PLAYERS NAME:		
Coaching Director – Yes or No	Signed	Dated
SCCSA Executive 1 – Yes or No	Signed	Dated
SCCSA Executive 2 – Yes or No	Signed	Dated
SCCSA Executive 3 – Yes or No	Signed	Dated