SOUTH AUSTRALIAN WOMEN'S FOOTBALL LEAGUE

PLAYER CLEARANCE FORM

PLAYER

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

DATE OF BIRTH: _____

Being a member of _____ Football Club, hereby apply for a clearance to _____ Football Club, affiliated with the South Australian Women's. Football League.

Reason for clearance: _____

Signature of player: Date:

CLUB

The _____ Football Club received this application on _____ and after consideration has decided to *GRANT/ REFUSE (*cross out the non applicable answer) clearance application and forwarded this form to the SAWFL Director of Registration on the _____

Reasons for refusal: _____

Club Official Signature: _____ Position: _____ Date: _____

DIRECTOR OF REGISTRATION

This application was received from the _____ Football Club on the _____ the clearance being *GRANT/ REFUSE (*cross out the non applicable answer) and the player being notified on the _____

Director of Registration Signature: _____ Date: _____

✂ .....

PLAYERS RECEIPT

Player should personally submit this form to her club and receive from the club this completed receipt, to confirm the club received the clearance application, regardless of the outcome.

The _____ Football Club received this form on _____ from (player's name) _____

Club Official Signature: _____ Position: _____ Date: _____