



CARINE JUNIOR FOOTBALL CLUB

Application to Wear Protective Equipment

All players must receive permission from the WA Football Commission should they wish to wear protective equipment. Please remember that any permits granted in the previous season do not automatically roll over and must be applied for again each season. Applications are lodged by the Registrar electronically – this form ensures they are able to provide the correct information. Electronic applications must be received by the WAFC by 8.00am on a Thursday in order to be processed for the upcoming weekend's round. To allow adequate processing time, THIS FORM must be provided to registrar@carinefooty.com.au by 7.00pm on a Wednesday.

Player Name:	
Year:	
Team Name:	
Parent / Guardian Name	
Parent / Guardian Mobile	

Type of Protective Equipment requested (Please select below)

- | | |
|---------------------------|--------------------|
| Helmet | Hearing aid/s |
| Eyewear (glasses/goggles) | Knee brace |
| Diabetic pump | Wrist brace |
| Kidney guard | Finger/thumb brace |
| Prosthetic limb | Other |

Photograph

Please attach a photo of YOUR ACTUAL protective equipment.
Please do not send a generic product/stock image.

Reason for request

Medical Advice

Personal Preference

If the reason is **medical**, please attach supportive documentation such as a Doctor's report.

If the reason is **personal preference**, please provide a brief explanation for the application including supportive information.