



FOOTBALL QUEENSLAND LTD

Application for Permission to Participate at Different Age Level

| | | | |
|---------------------------|-------|-----------------------|-------|
| Player's Name: | _____ | Date of Birth: | _____ |
| Zone: | _____ | Club: | _____ |
| Current Age Level: | _____ | | |

I request that my son / daughter be permitted to compete or train with the following age levels:

I agree to indemnify and to keep indemnified Football Queensland or any of its associated entities of any Legal proceedings resulting from my son's or daughter's participation in a different age division.

Parent / Guardian Name: _____

Signed: _____

Date: _____
