



# Bendigo Baseball Association

## APPLICATION/REQUEST FORM FOR SPECIAL CONSIDERATION FOR A JUNIOR PLAYER TO PLAY ABOVE THEIR AGE GROUP

1. The primary purpose of this dispensation request is to permit players that are considered to be of a standard (ability) to play in a higher division which will give them an opportunity to develop their skills.
2. BBA Committee are the competition managers and the ultimate decision makers.
3. When reviewing applications the Committee considers such things as, but not limited to:
  - Number of years played;
  - Player's maturity/ability/physical development for their age;
  - How many day/s or month/s until they reach the date that will allow the player to automatically reach the age to participate in the higher age group
4. Reasons below are not valid reasons for dispensation:
  - We need them in that age group to make up numbers;
  - We have too many players in their "age team;"
  - We want them to play in two divisions to gain experience;
  - The player wants to play with his/her friends;
5. We are all trying to gain/retain players in our sport, but we also have duty of care to all players.
6. Any ultimatums provided by the parent/club will not be tolerated and if an ultimatum is submitted, the dispensation request will be nullified, and a new form will be required.
7. Dispensations should be seen as a privilege and not an expectation.
8. Forms must be submitted by 12pm on Wednesday for any request to be reviewed prior to the games on the weekend. Any requests sent after 12pm Wednesday will not be reviewed prior to the weekend's games (forms must be completely filled out and signed by parent/guardian and club president or secretary).



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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Club: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Association age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Dispensation From: \_\_\_\_\_ Dispensation To: \_\_\_\_\_

Reason for Dispensation Request:

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Parent (s) or Legal Guardian’s Agreement/Signature

I/we, \_\_\_\_\_ the parent(s) of the player named above request that he/she be placed into the desired age group for the current winter season in the age group named above.

I/we understand and agree that the Committee for the Association named above may or may not approve this request.

I/we understand and agree that the Committee is the final authority in determining whether or not the candidate named above will be approved for this waiver.

I/we understand and agree that if the Committee does not approve this request, it cannot be appealed except to the Committee.

I/we understand and agree that if this request is approved, the candidate **will only be** permitted to play in the age group dispensation is granted for.

Signature(s) of parent(s) or legal guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_

**Note: False or misleading information may result in the request being denied, suspension of player and/or officials submitting this application as well as fines imposed on the club. Approved players will be monitored by the Association during the season and approval can be withdrawn at any time.**

Signed by Club: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

BBA Permission: Granted/Refused

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_