



Bendigo Baseball Association

APPLICATION / PERMIT FORM FOR SPECIAL CONSIDERATION FOR JUNIOR PLAYERS

1. The primary purpose of dispensations is to permit players that are considered to be not of a standard (ability) to play in their age division and by playing in a lower division will have an opportunity to develop their skills in a more appropriate grade.
2. BBA Committee are the competition managers and the ultimate decision makers.
3. Dispensations WILL NOT be granted to players over 18yo to play in the 17 and Under competition, under any circumstances.
4. When reviewing applications the Committee considers such things as, but not limited to:
 - First year player;
 - Number of years played;
 - Previously played in their age division;
 - Not ONE or greater years above age group
 - Player's maturity/ability/physical development for their age;
 - Any mental and/or physical disability
5. 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;
6. We are all trying to gain/retain players in our sport, but we also have duty of care to all players.
7. 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.
8. Dispensations should be seen as a privilege and not an expectation.
9. 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.: _____ League Age: _____ Height: _____ Weight: _____

Dispensation From: _____ Dispensation To: _____

Reason for Dispensation Request:

- ☐ Disability ☐ First Year Player
☐ Slow Motor Skill Development ☐ Other: _____

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

I/we, _____ the parent(s) of the candidate 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 league 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 the dispensation is granted for, unless a reassessment confirms that the candidate is capable of playing in their applicable age group, in which case the dispensation no longer applies.

Signature(s) of parent(s) or legal guardian: _____ Date: ____ / ____ /20 ____

Additional Comments that may assist in making a Determination.

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 league during the season and approval can be withdrawn at any time.

Signed by Club: _____ Date: ____ / ____ /20 ____

Print Name: _____ Position: _____

BBA Permission: Granted/Refused

Signed: _____ Position: _____ Date: ____ / ____ /20 ____