Representative Player Exemption Form

Please complete this form and submit within 2 weeks the UPNA Sign-On day, to the Association Board – <u>upnaboard@gmail.com</u>

Name		
Address		
Phone		
Representative		
Team Selected for		
Club of Last		
Membership		
Currently Studying	YEAR 11 / YEAR 12 (please circle and list school)	
Reason		Pls tick
Working Part-time or 0	Casual, with minimum of 12hours per week – if less	
hours are being worke	d, consideration may be given if in balance with	
further commitments		
Pathway player or um	pire undertaking additional training commitments	
School scholarship req	uirements (i.e., coach a team etc)	
Other considerations		
All reasons selected	above require supporting letters/documentation from n	ominated
official. Nominated of	ficial must provide a contact number to allow for a Boar	d member to
contact to complet	te verification check or clarify further commitments/invo	lvement.
Signed by:	advice or consideration, please list here:	
Player Name		
Player Signature		
Parent(s) Name		
Parent Signature		
Date		