



# PLAYER EXEMPTION ASSESSMENT FORM INDEPENDENT AWFA ACCREDITED ASSESSOR

Player's Name		Club		DOB	
True age group		Highest /Lowest Age group to be assessed for.			

**THIS SECTION MUST BE COMPLETED BY AN APPROVED AWFA ASSESSOR.**

I certify that I have assessed the above-named player and that the result of this assessment is reported below.

Criteria	*Training Assessment			#Match Assessment		*Mandatory
	Yes	No		Yes	No	*Date of assessment
The player has comparable strength, stamina, physique, and social sense required to play in the grade applied for						____/____/____/
*Overall comments						

Overall Recommendation:

After an appropriate assessment I recommend that the player's application to play in the higher / lower grades ticked on this form.

☐ Is Approved
 ☐ Is Not Approved
 ☐ Needs reassessment

Signature of Parent/Guardian

Please Print Name

Email Address

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Signature of AWFA Assessor

Please Print Name

Email Address

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