

**NORTHERN FOOTBALL  
NETBALL LEAGUE  
INCORPORATED**



**SCHEDULE 34:  
NFNL MEDICAL OVERAGE  
EXEMPTION POLICY**

**Adopted  
December 2019**

**NORTHERN FOOTBALL NETBALL LEAGUE INCORPORATED**  
**MEDICAL OVERAGE EXEMPTION POLICY**

**1. THE POLICY**

A club may apply to the NFNL for a medical exemption for a player to continue as an overage player if they meet a range of criteria.

**2. MEDICAL OVERAGE EXEMPTION PROCEDURES**

The player must have a **physical or congenital** medical condition to qualify for an exemption. Players recovering from injury will not be considered.

A player wishing to apply for a medical exemption ***must provide a report from a medical specialist in the relevant field*** outlining the condition which prevents the player from playing within their current age group and why the player is able to play within a lower age group.

The original medical report must be submitted to the league for consideration. The doctor **does not grant the medical exemption.**

Applications submitted for players who are of small stature or in the lower weight range for their age group **will not** be considered.

Applications submitted because the club doesn't have a team in that player's correct age group **will not** be considered.

**Other conditions to apply in relation to the Overage Medical Policy**

Applications for over age medical permits must be submitted to the NFNL Football Operations Manager for approval.

Overage medical players **will** be eligible to gain votes for the League Best & Fairest and to play in finals matches.

The Club Secretary, the player and the player's parent/guardian must sign the NFNL application form to acknowledge the requirements of an overage medical player permit.

Any complaints or review requests in relation to the granting of an overage medical permit must be submitted in writing to the CEO of the NFNL for consideration by the NFNL Board.

If a player who has received dispensation at any time plays (even as a top up) in an age group older than that which they have been given approval for, their dispensation may be removed.

If a player who has received dispensation at any time is sent off or reported their dispensation may be removed.

The NFNL may revoke an overage permit at any time.

**Player Details**

Name:.....

Date of Birth:.....

Age group player qualifies for in current season:.....

Age group player is requesting to play in:.....

Player Height:.....

Player Weight:.....

Reason for dispensation request:

.....  
.....  
.....  
.....  
.....

Please advise the players playing history over the past 5 years (include club, competition and number of games played)?

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

Has the player ever played in a representative team? Yes/No

Parent/Guardian Name:.....

Parent/Guardian Number:.....

Parent/Guardian Email:.....

**Medical Details**

Name of Doctor:.....

Doctor's Phone:.....

Doctor's Email:.....

Medical Report Attached: Yes/No  
(to be emailed with this form to the NFNL Football Operations Manager)

**Club Details**

Name of Club:.....

Club Contact Supporting Claim (President or Secretary only):.....

*Club Committee Member will be contacted by NFNL to confirm their support of this request.*

**Declaration**

***By submitting this form I hereby declare the above information is true and correct.***

**Parent/Guardian Name**

**Club Rep Name**

.....

.....

**Parent/Guardian Signature**

**Club Rep Signature**

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***This form and any other attached documentation is to be submitted by the club only!***