

REQUEST FOR APPROVAL TO PLAY UP 1 GRADE PERMANENTLY



To NRL NT

I, _____ (Player's Name)

DOB: _____ Club: _____

am requesting permission to play in _____ (*upper age group*)

for the full season and not play in my true age competition _____ (*true age competition*)

Please include reason for this Application.

Playing History: _____

Height: _____ Weight: _____

Other factors to be considered: _____

Parent/Caregiver Approval _____ (Name)

Signature _____

Club Approval

I believe the above-named player will benefit by being able to play in the requested age group for season 2025.

Name _____ Coach (true age team) _____ (Sig)

Name _____ (President) _____ (Sig)

NRL NT

Dispensation for the above player is approved/denied.

Signature: _____ (NRL NT Ops)

Date: _____

Notes:
