



PERTH NETBALL ASSOCIATION (INC)

ATHLETE TRIAL EXEMPTION REQUEST FORM

TRIAL INFORMATION:

Competition Trial Exemption is requested for: _____

Trial Date: ____/____/____

Age Group: _____

ATHLETE INFORMATION

First Name: _____ Surname: _____

Date of Birth: ____/____/____ Email Address: _____

PARENT/ GUARDIAN INFORMATION (if under 18)

First Name: _____ Surname: _____

Email Address: _____ Contact Number: _____

REASON FOR EXEMPTION

- Medical (including injury/ illness)
- Extenuating Family Circumstance
- COVID-19
- Other (please specify): _____

Please provide further details including the severity and complexity of injury, recovery time and circumstance, where applicable:

By submitting this exemption request form, I acknowledge that I have attached supporting documentation. I understand that this is a request form, and an exemption is not guaranteed.

Players Name: _____

Players Signature: _____ Date: _____

Parent/ Guardian Name (if under 18): _____

Parent/ Guardian Signature: _____ Date: _____

Please return completed document and supporting documentation to pnaadmin@perthnetball.com.au

Perth Netball Association Office Use Only

Exemption Status: Approved Not Approved

Signature: _____ Date: _____
