

PIPP Athlete Trial Exemption Request Form



This form can be filled in Acrobat *or* printed, filled and scanned. Please return to pnaadmin@perthnetball.com.au at least 24hrs prior to the trial date.

For Office Use Only		
Exemption Status:	Approved	Not Approved
Name	Date	

Trial Date: Age Group: 12s 13s 14s 16 & under 20 & Under

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
Other (specify below)

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

DECLARATION

To be completed by athlete or parent guardian if under 18. Please tick the box to indicate you have read the following:

I acknowledge this is a request form, and an exemption is not guaranteed. Ticking this box is an authorisation that all information is true and correct as the date indicated below and you will advise PNA of any changes to the athlete circumstances.

Name Date