

IMPORTANT INFORMATION PLEASE FILL OUT



Email: _____

Mobile: _____

Contact Name: _____



**APPLICATION FOR **CLEARANCE / PERMIT
FROM ONE **DISTRICT &/OR **CLUB TO ANOTHER **DISTRICT &/OR **CLUB
(**STRIKE OUT WORDING NOT APPLICABLE)**

A clearance must be obtained for all players who are currently registered with another Club AND/OR District other than the one you wish to play for in this current football season. Steps to take with this form are:

1. Obtain this form from the club you wish to play with in the current season (NEW CLUB) & complete the required sections below. (All sections marked ** must be completed or form will not be processed).
2. The player requesting the transfer must first approach the Club he is seeking to be transferred from to obtain a signature from a Club representative. This allows the Club to better understand the reasons as to why a player has transferred from their Club.
3. Once returned, the District Registrar will notify your new club of the outcome.
4. A PLAYER MAY NOT PLAY UNTIL ALL CLEARANCES / PERMITS ARE APPROVED.

* CLOSING DATE FOR ALL CLEARANCES / PERMITS IS ON 30TH JUNE IN THE CURRENT PLAYING SEASON.

I, _____ OF _____
** (PLAYER NAME) ** (CURRENT ADDRESS)

Hereby apply for a **CLEARANCE / **PERMIT from _____ Football Club
** (OLD CLUB)

If not in this District please circle from which District - 1. Claremont 2. East Fremantle 3. East Perth 4. Peel
5. Perth 6. South Fremantle 7. Subiaco 8. Swans 9. West Perth

To play with: KELMSCOTT JUNIOR F.C. **Date of Birth: ____/____/____
** (NEW CLUB)

Reasons for applying are: (Circle those that apply) 1. Moved House 2. New School 3. Not Happy at Old Club
4. New Friends 5. No Team in my age group 6. OTHER (Please State): _____

Signed: _____ Signed: _____
** (PLAYER) ** (PARENT/GUARDIAN)

**DATE: ____/____/____

The Committee / Registrar of the _____ Football Club
** (OLD CLUB)

**GRANTS / **REFUSES the **CLEARANCE / **PERMIT.

DATE: _____ GAMES PLAYED _____

IF REFUSED PLEASE STATE REASON: _____

<u>DISTRICT USE ONLY</u>	
REGISTRATION No. (WHEN APPLICABLE)	_____
Date received from Applicant or District or Club:	_____
BY: E-MAIL FAX POST	_____
Date forwarded to old District or Club:	_____
BY: E-MAIL FAX POST	_____
Date returned:	_____
Result:	_____
Date Applicants NEW Club notified:	_____
BY: E-MAIL FAX POST	_____
From DISTRICT REGISTRAR:	_____

THE ATTACHMENT OF AN E-MAILED APPROVAL TO THIS DOCUMENT MAY TAKE THE PLACE OF APPROVAL SIGNATURES FROM CLUBS.

Approval Received Y/N Updated TG: Y/N