



# Little League WESTERN AUSTRALIA



## DISPENSATION APPLICATION / CONSENT FORM

**THIS FORM IS NOT TO BE USED FOR ANY PLAYER WHO IS LEAGUE AGE 12**

### Applicants Details:

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_ Contact No: \_\_\_\_\_

Grade eligible for \_\_\_\_\_ Grade seeking to play in: \_\_\_\_\_

Club Registered at: \_\_\_\_\_ Local League Name: \_\_\_\_\_  
(Charter Name)

Reasons for the request to participate one age level below the player's natural age level are as follows:  
(To be filled in by the parent, not the club)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parent(s) or Legal Guardian's Agreement/Signature

I/we, the parent(s) of the candidate named above request that he/she be placed lower league division team for his/her league age for the current regular season in the local Little League named above. I/we understand and agree that the local league Charter Committee named above may or may not approve this request. I/we understand and agree that Little League International is the final authority in determining whether or not the candidate named above will be approved for this waiver with players League ages 10-16.

I/we understand and agree that if the District Administrator does not approve this request, it cannot be appealed except to the District Administrator. I/we understand and agree that if this request is approved, the candidate named above will:

- NOT be eligible to be promoted to a higher league division for the balance of the current season.

Printed Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Local League President's Certification/Signature

As the President of the local Little League named above, I certify that a majority of the local league charter committee of this league, who were present at a duly constituted meeting, has voted to:

Approve  Disapprove  of this request.

Local League President's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### District Administrator:

Approve  Disapprove  of this request.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email this form to [support@baseballwa.asn.au](mailto:support@baseballwa.asn.au)