



## PLAYING ABOVE AGE CONSENT FORM

If a player is moving up more than one age group, this form must be signed and sent to the VJBL

I / We give permission for my child

(Name) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

To play with the

\_\_\_\_\_ Under \_\_\_\_\_

(Team Name)

I am aware of the increased risks my child may be exposed to both physically and mentally by playing in a higher age group.

Parent / Guardian Name

\_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

This form must be completed and returned to the VJBL for approval prior to the participant playing in the older age group.

Email to [warren.brown@basketballvictoria.com.au](mailto:warren.brown@basketballvictoria.com.au)