



## Scottish Women's Football Application for Youth Player Dispensation Appeal

Name of Player:

Date of Birth:

Club:

Position:

**Appeal made by:**

Name:

Club Position:

Email:

Contact No:

Date of Appeal:

**Reason for Original Application (please tick):**No Club within 20m Radius (from home address) Medical Condition/Physical Development Other 

**Summary of Appeal** (please advise of the grounds of your appeal, any additional information which may be relevant and attach any supporting information/documents if applicable):

**Notes For Applicant:**

- It is recommended that any applications submitted based on a 'medical/physical development' reason should provide independent medical or expert evidence of condition outlined in application
- For the purpose of calculating the '20 mile radius', the distance from the player's home address to the registered venue of the club will be calculated
- Players who are granted dispensation to register as an over-age player(s) can only play for the team they have received dispensation to represent for the duration of the season (i.e. 14 year old given dispensation to play U13's cannot move between U13 & U15 league)

I have read and understood the above notes: I enclose a cheque/evidence of BACs payment for £25 (this is refundable if appeal is successful): I enclose/attach the original application for your review: **Signature (club official)**.....**Date**.....