

# Waikato Secondary Schools' Football Association

## Player Dispensation Form

Completed application must be returned to the WSSFA -Fax 07 854 7263 or email: [admin@wssfa.co.nz](mailto:admin@wssfa.co.nz)

School: \_\_\_\_\_

Co-ordinator: \_\_\_\_\_ Contact Ph: \_\_\_\_\_

Players Name: \_\_\_\_\_ Yr Level: \_\_\_\_\_

School: \_\_\_\_\_

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Team: \_\_\_\_\_ Division: \_\_\_\_\_  
(applying to play in)

### Player's Ability

Soccer Skills for Age: \_\_\_\_\_ (10 High - 1 Low)

**Playing Ability:** (Please give an outline of the players ability (teams previously played for, players strengths, position etc)

**Reasons for this application:**

**Consequences of Non - Approval**

For Office Use Only: Date Application received by WSSFA: \_\_\_\_\_

Dispensation approved: Yes  No

School notified:  Date: \_\_\_\_\_

