South Coast Hockey Association
P.O. Box 652
Goolwa. S.A. 5214

www.southcoasthockey.org.au ABN: 30 917 963 898

SCHA Junior Permit

Purpose:
To provide the opportunity for clear concise requests, with relevant responsible areas covered.

Name of Club requesting permit: _____

- Name of Player: _____
- Age Group/Gender: _____
- Date of Birth: _____
- Request to be in what Team: _

☐ Under 10 years of age playing U17's ☐ Under 14 playing Seniors ☐ Overage player playing down

- **Reason for applying for permit:** _____

Parents Approval ☐ **YES** ☐ **NO**

- I understand that I am responsible for my child's health and wellbeing and I can remove my consent at any time.
- Parents conditions if any
- Parents/Guardian Signature: _____

Requesting Club's Approval ☐ **YES** ☐ **NO**

- I have observed their playing style, and in my opinion, they are capable of playing in this level of competition without the opposition modifying their game.
- Club's conditions if any
- **Requesting Teams Coach Signature** _____
- **Requesting Club's Junior Coordinator signature** _____

SCHA Junior Committee Majority Approval ☐ **YES** ☐ **NO**
(Not Valid unless completed, approved, and signed by all parties)

- Conditions of permit recommended, If any.
- Permit Approved ☐ Permit Declined ☐
  - ✓ SCHA Junior Co-ordinators Approval ☐ **YES** ☐ **NO**
  - ✓ SCHA Junior Co-ordinators signature_____

SCHA Committee Approval ☐ **YES** ☐ NO

- Reason behind Determination:

Copy sent to and kept by, Requesting Club Junior Coordinator, SCHA Junior Coordinator and The SCHA Recording Secretary