

Player Assessment

Request to assess a Player to play in a higher/lower competition. Form must be completed (in order) by Club, FFNT assessor, parent/guardian then FFNT.

To be comp	leted by Club.	arent/guardian must be aware of this	request before it is lodged with FFNT
Player	ayer Date of Birth		
Club			
Training Ver	nue, Day and Time		
Club Conto	act Name and Number		_
Current Competitio	on	Competition to be assessed for	
*Access pla	yer in environment where h	ne wants to play in.	
To be comp	leted by FFNT assessor.		
Assessor's c	omments after viewing the	Player:	
I give conse child's curre and the Foc	ent age. I agree to indemn otball Federation Northern T	o play Football at a level greater / I ify and to keep indemnified the "N Ferritory of any legal proceedings if o play in a higher / lower age divis	lame of Club", "Name of Zone" my son / daughter is injured
Signed:		Date:	
Name:			
FFNT Final D	ecision		
	tball Federation Northern Te n(s) as recommended.	erritory will permit / not permit the F	Player to play in the
Signed:		Date:	
Name:			••••