

South of England Men's Lacrosse Association

Dispensation Request for 15 Year old Player to Participate in Senior Lacrosse

Name of Club: _____

Address for return of form: _____

Date of Request: _____

We, the undersigned Club Officers (two minimum), confirm that in our opinion the following named player(s) have the physical and mental maturity, lacrosse experience and understanding of the rules of the game to allow them to participate in senior level lacrosse, both training and matches.

We also confirm that we have received parental consent for the players named below.

We further undertake to provide a copy of the registered request to any Referee who requests proof of dispensation for the named player before a match in which the player participates. Separate ID should also be provided to ensure correct identification of the player.

Name	Address	D.O.B.

Name and Title of Officer _____

Signature _____

Name of and Title of Officer _____

Signature _____

Confirmation of Receipt and Authorisation of Request within SEMLA

Signature _____

Print Name and Position _____