TIMBERJACKS TOURNAMENT PLAYING DOWN APPLICATION

1. PLAYER DETAILS

Name: _____

Club: _____

Date of Birth: _____

2. PARENT / GUARDIAN DETAILS

Name: _____

Contact Phone: _____

Contact Email: _____

3. COACH / ASSESSOR DETAILS

Name: _____

Contact Phone: _____

Accreditation Level: _____

Contact Email: _____

4. APPLICATION

Please outline the reason(s) for which this permission is sought (Coach to complete):

Does the player intend to: ☐ Pitch ☐ Catch

5. COACH DECLARATION

I, _____, confirm that I have conducted a skills assessment on the above-named player and believe that playing down an age level would assist in

improving their baseball skills and would not pose an unacceptable risk of injury to other players within that age group.

Coach / Assessor Signature: _____

Date: _____