PORT LINCOLN FOOTBALL LEAGUE INC.
ABN 44 767 209 429
PO BOX 1517
Centenary Oval, Port Lincoln, SA
0428 837 535
info@plfl.com.au
www.plfl.com.au

Junior Player Permit Application – Playing Down Mar 2026

CURRENT DATE: _____/_____/_____

PLAYERS NAME: _____ DOB: _____/_____/_____

CLUB: _____ HEIGHT: _____ WEIGHT:_____

The _____ Football Club hereby applies for a permit for the above-named player to play in the grade: Under _____ Grade for the season of 20_____

APPLICATION REASON (e.g.: Medical (letter required), Disability, Injury Recovery, Experience.)

(Required) Provide supporting comments:

PARENT NAME: _____ PARENT SIGNATURE: _____

CLUB OFFICIAL NAME: _____ SIGNATURE: _____

LEAGUE USE ONLY

GAME ASSESSMENT (If deemed necessary by the PLFL Permit Committee)

DATE PLAYED: _____/_____/_____ CLUB PLAYED FOR: _____

SKILL LEVEL: LOW ☐ MEDIUM ☐ HIGH ☐ POSITION PLAYED: _____

CONFIDENCE ON FIELD: _____

ASSESSOR COMMENTS: _____

_____ ASSESSOR NAME: _____

APPROVED ☐ REVOKED ☐ DENIED ☐ DATE: _____/_____/_____

LEAGUE OFFICIAL NAME: _____ SIGNATURE: _____

Form to be submitted to the PLFL via email: operations@plfl.com.au

Proudly supporting Port Lincoln Football League

RSM