



Baseball Canberra Dispensation Request

1. The primary purpose of dispensations is to permit players that are considered to be not of a standard (ability) to play in their league age division and by playing in a lower division will have an opportunity to develop their skills in a more appropriate grade or division.
2. Baseball Canberra are the competition organisers and managers, and the final decision maker(s).
3. Dispensations WILL NOT be granted to players over 18yo to play in the U18 competition, under any circumstances.
4. When reviewing applications Baseball Canberra considers such things as, but not limited to:
 - First year player
 - Numbers of years played
 - Previously played in their League age division
 - Not TWO or greater years above age group
 - Players maturity/ability/physical development for their age
 - Any mental and/or physical disability
5. Reasons below are not valid reasons for dispensation:
 - We need them in that age group to make up numbers
 - We have too many players in their “division age team”
 - We want team to play in two divisions to gain experience
 - The player wants to play with his/her friends
6. We are all trying to gain and retain players, but we also have duty of care to all players.
7. Forms must be submitted by no later than 12pm on a Thursday for the request to be reviewed prior to the games on the weekend. Any requests sent after Thursday at 12pm will not be reviewed prior to the weekend’s games. (Forms must be completely filled out and signed by parent/guardian and club president).



8. For any questions or further assistance, please contact the General Manager of Baseball Canberra at generalmanager@actbaseball.com

Dispensation Request

First Name: _____ Last Name: _____

Club: _____ D.O.B.: _____ Age: _____

Dispensation From: (Age group) _____ Dispensation To: (Age group) _____

Reason for Dispensation Request:

- Disability First Year Player
 Slow Motor Skill Development
 Other:

Parent (s) or Legal Guardian's Agreement/Signature

I/we, the parent(s) of the candidate named above request that he/she be placed into the desired age group for the current regular season in the ACT local League.

I/we understand and agree that the Baseball Canberra General Manager for the ACT Local League, may or may not approve this request.

I/we understand and agree that General Manager is the final authority in determining whether or not the candidate named above will be approved for dispensation.

I/we understand that I can appeal my decision with the Baseball Canberra Committee.

I/we understand and agree that if this request is approved, the candidate named above will:

- Only be permitted to play in the Division dispensation is granted for;

Signature(s) of parent(s) or legal guardian

_____ Date: _____

Additional Comments that may assist the General Manager of Baseball Canberra in making a decision:



Club President Signature

I APPROVE/DISAPPROVE of this request.

Date: _____

General Manager Baseball Canberra Signature

I APPROVE/DISAPPROVE of this request.

Date: _____