[](http://nwmca.vic.cricket.com.au/)

Higher Age Group Consent Form

Season 2024-2025

Name of Club: Click or tap here to enter text.

**This form should be completed for all players who do not attain the relevant age prior to 1st September 202 4& who want to play in the following grades:**

**Please mark the**

### NWMCA BY-LAW 3.5.2

### PERMISSION TO PLAY IN A HIGHER AGE GROUP

1. For each player who does not turn 16 years of age before the first day of September in the current season and who wishes to play in an older age group (including Open Age) than the youngest age group that they are eligible to play in, the *Club Higher Age Group Form* must be completed prior to them playing in any such match.
2. The form requires the player’s parent or guardian to sign certifying agreement to the player playing in the higher age group and this form is only applicable for the duration of the season in which they are signed.
3. The responsibility is with the player’s club to ensure that such a form has been signed before the player first competes in a match in a higher age group. ***The Club Higher Age Group Form*** is to be retained by the club concerned for possible subsequent examination by the Association.

**appropriate box ⌧**

**10 Years old wanting to play Under 12:**

**12 Years old wanting to play Under 14:**

**14 Years old wanting to play Under 16:**

**14 years old wanting to play Open Age:**

**16 Years old wanting to play Open Age:**

**Player Name:** Click or tap here to enter text.

**Date of Birth:** Click or tap here to enter text.

## Declaration

I, Click or tap here to enter text.being the parent / guardian

of Click or tap here to enter text. hereby give consent to my child to play cricket with the above age group of the Click or tap here to enter text.Cricket Club.

Signed by: Click or tap here to enter text. Click or tap here to enter text.

parent / guardian (Signature) (Print name)

Witnessed by: Click or tap here to enter text. Click or tap here to enter text. Club Club official Click or tap here to enter text.(Signature)

Name of Witness: Click or tap here to enter text. Position Click or tap here to enter text.

**THIS FORM IS TO BE RETAINED BY THE CLUB CONCERNED FOR EXAMINATION ON REQUEST BY NWMCA**

**THIS FORM IS ONLY VALID FOR SEASON 2024-2025**