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**Player Dispensation**

Name \_\_\_\_\_

Club \_\_\_\_\_

Date of Birth \_\_\_\_\_ ASA # \_\_\_\_\_

Grade last Season \_\_\_\_\_ or New Player \_\_\_\_\_

Grade this Season \_\_\_\_\_

Medical / Physical Conditions \_\_\_\_\_

Reason for Request \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ (Club Secretary)

**Note:** Dispensations are only granted for the current season.  
Dispensated player cannot pitch or catch in their requested team.  
Refer By-Laws 18 1. a. – g for all conditions.  
These notes are a general guide and not the full and complete policy.

ASA OFFICE USE ONLY			
Ratified by the Exec Board	Yes	No	Date .....
Club Notified	Yes	No	Date .....