Specialist Player Do	eclaration								
Representative Name				Dat	e Sul	omitted			
Club Name									
Team	Juniors (U20)		Senior Women			Senior M	en		
Player Name									l
Player Position				Jers	ey N	umber			
National ID Number					Date Registered				
Evidence Submission I	Requirements								
Colour photo of the p	e following evidence for this dolayers passport. e players travel or injury insura		ration:						
Submission details									
	ns will not be accepted unless s must be attached to the pla	-	-			est Registra	ar.		
Player Name		,							
Player Signature						Date			
Representative Name									
Representative Signature						Date			
	It - Evidence to support the deck	aratio	n must be assessed by the Gri	diron	West I	Registrar beld	ow:		
Evidence Assessed		□ Ye:	s Full colour PDF of the p	layer	's trav	el or injury	insuranc	e	☐ Yes
Colour photo of the players passport provided No provided Additional Evidence Required: - Request evidence from the club via email					Date Requested			Date Received	
Additional Evidence Rec	quirea: - Request evidence from	the c	Iub via етан			Date Keq	uestea	Date Reco	eivea
Approved – The declaration ha	is been approved.		□ NOT Approved – The D	eclara	tion ha	ıs not been apı	oroved. Reco	ord in summary	/.
Assessment Summary: -	Record why the Specialist Player	's Dec	claration <u>has not</u> been approve	ed.					
Registrar Name									
Registrar Signature						Date			

Document Type:	Compliance Tool	Version Number:	1.0	Original Version:	11/11/2020	Current Version:	11/11/2020	Review Date:	11/11/2021
Created By:	Layke Rossiello	Validated By:		Authorised By:		Distributed By:		Page Number	1 of 1