***KEILOR BASKETBALL ASSOCIATION***

Junior Domestic Medical Exemption Application

Players First Name: Enter first name. Last Name: Enter last name.

Date of Birth: Select date of birth

Club: Select club.

Age Group: Select Age Group.

Club Contact Person: Enter text. Club Contact Ph: Enter number.

**Reason for Medical Exemption Request:** Click or tap here to enter text.

**General Practitioner Report Provided:** Yes or No

**Specialist Medical Practitioner Report Provided:** Yes or No

**Medical Exemption Request Approved:** Yes or No

**Rationale for decision:** Click or tap here to enter text.

**Duration exemption granted until:** Click to enter a date.

**Name:** KBA Representative **Name:** Click or tap here to enter text.

**Signed: Signed:**

**Keilor Basketball Association (Club)** Select club.

**Date:** Date administered.