

When completed forward this form to your club Secretary who will begin the approval process.

Request for Junior Re-Grade



Date: _____

I, _____ (Parent Name) would like to request that my child, _____ (Player Name) be considered to play out of their recognised age group for the _____ (insert year) NBA junior season.

Please complete the following information

Junior Club: _____ Date of Birth: _____ Male Female

| | | | | | | | | | |
|-------------------------------|--------------|----------------------|----------------------|----------------------|---|--------------|----------------------|----------------------|----------------------|
| Age Group: (please circle) | Zooka | Little League | Junior League | Senior League | Requested Age Group: (please circle) | Zooka | Little League | Junior League | Senior League |
|-------------------------------|--------------|----------------------|----------------------|----------------------|---|--------------|----------------------|----------------------|----------------------|

| | | | | | | | | |
|--|---|---|---|---|---|---------------------------------------|---------------------------|--------------------------|
| Season of Baseball: (please circle) | 1 | 2 | 3 | 4 | 5 | Has your child represented Newcastle? | <input type="radio"/> Yes | <input type="radio"/> No |
|--|---|---|---|---|---|---------------------------------------|---------------------------|--------------------------|

Reason for re-grade: (please be very specific) **Players Height** _____ **Weight** _____

By requesting this regrade I acknowledge that my child:

- Cannot be considered for any Newcastle representative team
- Cannot participate in any senior competitions for this season
- Will abide by all the rules in the league they are re-graded to

Parent Signature: _____ Contact Number: _____

The NBA reserves the right to amend or change any of the above requirements at any time

Newcastle Baseball Association

Date Received: _____

| | | | | |
|--------------------|------------------------------|-----------------------------|----------------------------|-----------------------|
| Request Supported: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | More Information Required: | <input type="radio"/> |
|--------------------|------------------------------|-----------------------------|----------------------------|-----------------------|

Chairman Signature: _____ Date: _____

NSW Baseball

| | | |
|------------------|------------------------------|-----------------------------|
| Request Granted: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------|------------------------------|-----------------------------|

Initial: _____ Date: _____