



**Please return completed forms to:**

AIMMNA  
PO Box 607 Elizabeth SA 5112  
or email to [pturk@samna.org.au](mailto:pturk@samna.org.au)

## AGE DECLARATION

**Please note:** All Players and Officials need to be registered with AAIMMNA Inc.

**When lodgement of the Age Declaration form, please provide a copy of either:**

- Proof of Age ID, \_\_\_\_\_  
 Drivers Licence \_\_\_\_\_  
 Birth Certificate. \_\_\_\_\_

### PERSONAL DETAILS

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

State: \_\_\_\_\_ P/C: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### DIVISION(S)

Please tick appropriate division(s):

- Open  19 and under  
 Open Reserves  Mixed  
 23 and under

We: \_\_\_\_\_

hereby declare: \_\_\_\_\_

that the above registered player detailed on the official AIMMNA Player/Official Registration form are in fact of the correct age for the stated "Age Division". We undertake the onus of integrity when we as a National Body/Team/Club/Association do declare that this player is eligible for such Division. We will provide documentation for the said player in the form of a copy of either Proof of Age ID, Driver Licence or Birth Certificate.

Name of Office Bearer: \_\_\_\_\_

Position Held: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ P/C: \_\_\_\_\_

Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Office Bearer: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Office Use Only

Registration No: \_\_\_\_\_

- Age Verified  
 Proof Attached