



Autumn Season 2025 Fill in Approval Form

Club/Team: _____

Date: _____

Players Name: _____

Players DOB: _____

What team/section is this player registered to: _____

What team/section does this player wish to fill in for: _____

Guidelines:

1. The player (playing their second game) must be making 5th, 6th or 7th player in the team they are filling in for. The purpose of this form is not to replace injured players once the game has started.
2. Must be drawn from a lower section, and only from a team within your club.
3. A player can only fill in twice per season. Once this player has played a third game in the higher section, they will be tied to that section.
4. One of our Casey Staff members need to have signed giving approval before leaving the front desk.

I have read the guidelines above and I understand that this rule is in place to assist the Competition, and if Casey Netball find that it is being exploited, penalties will apply.

Club Official

Role: _____

Signature: _____

Club Official

Role: _____

Signature: _____

Casey Netball Competition Supervisor

Signature: _____