

Sunshine Coast Churches Soccer Association

Age Dispensation Policy



January 2020

Purpose

- a) The purpose of this Age Dispensation Policy (**policy**) is to provide access to Soccer for all Australians regardless of their ability. Nothing in this Policy should be read as limiting the types of adjustments that might be considered to accommodate this access.
- b) The Sunshine Coast Churches Soccer Association (SCCSA) recognise that it may be appropriate in some circumstances for reasonable adjustments to be made in order for a person with a disability or with physical size / development considerations or playing ability, to be able to effectively participate in Soccer including, where appropriate, providing dispensation to allow an individual to play in a Soccer competition below their chronological age.

1) Application

1.1 Scope

This policy applies to a Soccer Association that is conducted or administered by Sunshine Coast Churches Soccer Association or an entity or body that is affiliated with Sunshine Cost Churches Soccer Association.

1.2 Operation

All members of a Sunshine Coast Churches Soccer Association (including players, coaches, officials and administrators) and other persons must comply with this policy in considering a request made by a person with a Disability or with a Physical Size/ development considerations for age dispensation.

2) Definitions and interpretation

2.1 Definitions

Certificate means a written statement from a physician or other medically qualified health care provider which attests to the result of a medical examination of a patient and can serve as evidence of a health condition.

Club means a soccer club fielding a team within a competition conducted by Sunshine Coast Churches Soccer Association.

Competition means any soccer competition (eg six a side, walking soccer) conducted or administered by a Sunshine Coast Churches Soccer Association.

Disability means: a disability as defined in the Disability Discrimination Act (1992) (Cth)

SCCSA means Sunshine Coast Churches Soccer Association

Medical Specialist means a doctor who has completed advanced education and clinical training in a specified area of medicine and includes a Paediatrician or sports Physician, or a league approved general medical practitioner.

Paediatrician means a medical Practitioner who specialises in medical care and treatment for children and babies.

Physical Size or Development Considerations means, for a player, that player has a body mass index (i.e divide player's weight (in kilograms) by players height (in metres squared) under the 5th percentile for that player's age as measured by a sports dietician, clinical exercise physiologist or other appropriately qualified Medical Specialist.

Sports Physician means a medical practitioner who specialises in the treatment of injuries from resulting from athletic activities.

Playing Ability means that player demonstrates a skill level well below their chronological age group.

2.2 Interpretation

- a) Headings and indexes are only included for ease of reference and do not affect interpretation.
- b) All capitalised terms in this policy are to be interpreted consistently with the member protection policy, unless otherwise provided.

3. Application Process

- a) A player who wishes to apply for dispensation to play in a competition below their applicable age group on the basis of a Disability or for physical size or Development Considerations must make an application through the player's club.
- b) **Disability, Physical size/development dispensation**

Application is to be made on the form prescribed by SCCSA and must be supported by a certificate from an appropriately qualified Medical specialist in an area of practice that is directly related to the dispensation being sought. Players seeking disability/physical size/development dispensation are not required to attend

Assessment if they have a medical certificate. Such certificate must state the basis for and reasons to support the request for the player to play down a competition age group, having regard to all relevant matters pertaining to the player, including:

- i. The player's Disability and/or;
- ii. The player's physical size or development consideration and
- iii. The qualifications of the person providing the Certificate

c) **Player Ability Dispensation**

- i. Application is to be made on the form prescribed by SCCSA. Players age 11 and over are required to attend dispensation assessment night.
- ii. Players age 10 and below do not require to attend Dispensation assessment night.

d) In accordance with this Policy, SCCSA may:

- i. Approve the application for a specified period of time:
- ii. Refuse the application:
- iii. Request additional information from the player or from the club, to enable it to more fully consider the application.

4) Relevant Factors in Determining an Application

In considering an application for an age dispensation, the league will have regard to the following factors:

- a) The effect of the players disability or physical size/development considerations, or skill level on their capacity to effectively participate in soccer.
- b) How it is proposed that the grant of age dispensation will support the player to overcome any barriers to their effective participation in Soccer arising from the player's disability or physical size/ development considerations or skill level
- c) The availability of other assistance to the player to enable them to effectively participate in SCCSA soccer: and
- d) Any other relevant circumstances

5) Effect of an Approved Application

a) Any player whose request for dispensation is approved (the **Permitted Player**) will be allocated to an appropriate lower competition age group. Unless medical advice is received to the contrary or other exceptional circumstances apply, a permitted player should be allocated to the next lowest competition age group:

- b) No more than two players in one team may be allowed Dispensation.
- c) If the permitted player subsequently plays in a higher age group than originally approved, any approval to play in a lower competition age group is automatically withdrawn.
- d) Approvals granted under this policy are for the season in which the approval is granted
- e) SCCSA may on reasonable grounds revoke the dispensation granted at any time, provided that the reasons for such revocation are provided to the permitted player.
- f) Current and Past representative players will not receive dispensation, unless evidence can be shown that circumstances have changed.
- g) Players that have played in their correct age group for the past 3 years will not receive dispensation unless evidence can be shown that circumstances have changed.

6) Appeals

- a) A club may only appeal on one or more of the following grounds:
 - i. That there was an error of law; or
 - ii. That the decision was so unreasonable that no league acting reasonably could have come to that decision having regard to the evidence before it.

ANNEXURE A – NON – EXHAUSTIVE EXAMPLES OF COMMON DISABILITIES

In an effect to provide practical guidance to administrators, the following is a non-exhaustive list of some of the more common disabilities which may give rise to grounds for granting age dispensation to a player. For the avoidance of doubt, this list is in no way considered an exhaustive list of potential disabilities which may give rise to age dispensation under the policy, and the potential kinds of disability which may constitute a disability for the purposes of the policy are not limited to those examples listed below.

1. Physical Disabilities

a) Amputee

Amputee refers to a a person who has lost a limb, part of a limb or more than one limb.

b) Cerebral Palsy

- i. Cerebral Palsy is a non-progressive disability caused by damage to a part of the brain that controls physical movement so that normal, smooth muscle movement does not or may not always occur.
- ii. Cerebral Palsy can vary in presentation from a mild to moderate form affecting one or two limbs, to severe forms of affecting the whole body.

c) Wheelchair Reliance

People may need to use a wheelchair for various reasons including:

- i. Spinal injury – injury to the spinal cord
- ii. Spina bifida – a neural tube defect which may be caused by a combination of genetic and environmental factors;
- iii. Muscular dystrophy – a group of hereditary and genetic muscle diseases which may create a disability relating to progressive muscle weakness;
- iv. Cerebral Palsy; and
- v. Double leg amputations.

d) Transplant

- i. A transplant occurs when a healthy human organ is used to replace a diseased or seriously affected organ in a recipient human being.

- ii. In the case of a transplant medical considerations and restrictions would dictate the safe level of sporting activity available to an affected person within certain limitations

e) Acquired Brain Injury

An acquired brain injury (ABI) is caused during or after birth rather than as part of a genetic or congenital disorder. An ABI can result in cognitive, physical, emotional, or behavioural impairments that lead to temporary or permanent changes in brain functioning

f) Down Syndrome

Down syndrome is a chromosomal condition caused by the presence of all or part of an extra 21st chromosome

g) Cystic Fibrosis

Cystic Fibrosis (also known as CF or mucoviscidosis) is an autosomal recessive genetic disorder affecting (amongst other things) the lungs.

2. Neurological Disabilities

a) Epilepsy

Epilepsy is a common and diverse set of chronic neurological disorders characterized by seizures. Epileptic seizures result from abnormal, excessive or hypersynchronous neuronal activity in the brain.

b) Autism spectrum disorders

Autism spectrum disorders (including asperger syndrome) are a group of related disorders of neural development which may be characterized by impaired social interaction and communication.

3. Intellectual Disabilities

a) intellectual disability is a disability characterised by “significant” limitation both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social and practical adaptive skills. This disability originates before the age of 18.

b) “significant” impairment in intellectual functioning is sometimes defined as being measured as 2 standard deviations below the mean in respect of certain conceptual, social, and practical adaptive skills (as measured by a medical specialist).

4. Sensory disabilities

a) deaf/hard of hearing

The inability to hear can be partial or complete. Some degree of hearing loss is a common disability and can affect one in twenty adults.

b) Blind/vision impaired

Light involves both visual acuity and visual field. People with visual acuity in both eyes of less than 60/60 which cannot be improved by glasses are considered legally blind in Australia.