**Tristar Gymnastics Club**

55 Arundel St, Mount Roskill, Auckland

09 625 43 54

**CONSENT TO ENTER NEW ZEALAND SECONDARY SCHOOLS GYMNASTICS EVENT**

NZSS Tier 2 – Gymnastic Sports CUP

As per the requirements of a School Sport NZ sanctioned event school principals are required to consent to students at their school competition in this NZSS Gymnastics event. Please complete the following form with details of students from your school entering this event, and return with entry the entry form to: Leanne Olsen **leanne.olsen@tristar.org.nz**

**Please note: This event may be recorded, and highlights shown on demand free on Sky Sport Next.**

Gymnastics New Zealand has adopted the [Charter on the Broadcast and Sponsorship of Secondary School Sport](https://nzsportcollective.co.nz/wp-content/uploads/2020/11/CHARTER-ON-THE-BROADCAST-AND-SPONSORSHP-OF-SECONDARY-SCHOOL-SPORT.pdfevent). If you have any questions or wish to discuss your school’s participation in the broadcast, please contact leanne.olsen@tristar.org.nz prior to close of entries. It is the responsibility of the entering school to acquire appropriate parental/guardian consent for such broadcasts in accordance with school policies.

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| **Event Details** |
| **Event:**  | NZ Secondary School Gymnastics Sports CUP (Tier 2 Event) |
| **Date of Event:** | 21 – 22 August 2021  |
| **Host Organisation:** | Tristar Gymnastics Club (Affiliated to Gymnastics New Zealand) |
| **Location:** | 55 Arundel St, Mount Roskill, Auckland |
| **School Contact Details** |
| **School:** |  |
| **School Location:** |  |
| **Name of Contact:** |  |
| **Position of Contact:** |  |
| **Phone Number of Contact:** |  |
| **E-mail of Contact:** |  |
| **Principles Attestation** |
| 1. I attest that all students listed below are bona-fida fulltime students at this school and their details as provided are true and correct as on official school records.
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| 1. I agree that all persons associated with this school will be subject to School Sport NZ Integrity Framework.
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| **Principals Name:** |  |
| **Principals Signature:** |  |
| **Date:** |  |

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| **Student Details** |
| **Surname:** | **First Name:** | **Year Level:**(year 9-13) | **Date of Birth:** | Student consent to being photographed or filmed for event promotion (Facebook, newspaper) or broadcasting, Pease type **YES or NO**  |
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