

**To:** **Schools**

The students listed below have entered the NZSS Tier 1 – Gymnastic Sports CHAMPIONSHIPS event. Detailed below are students representing your school. As per the requirements of a School Sport NZ sanctioned event your school principal is required to sign off these students to compete in this event.

**Please note: Gymnastics New Zealand may record this event, and highlights be broadcasted. It is the responsibility of the entering school to acquire appropriate parental/guardian consent for such broadcasts in accordance with school policies.**

Please complete the following form and return to: (Insert contact)

|  |
| --- |
| **Event Details** |
| **Event:**  | NZ Secondary School (Tier 1 Event) |
| **Date of Event:** |  |
| **Location:** |  |
| **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.
 |
| 1. I agree that all persons associated with this school will be subject to School Sport NZ Integrity Framework.
 |
| **Principals Name:** |  |
| **Principals Signature:** |  |
| **Date:** |  |
| **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**  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |

