

**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)

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| **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** |
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