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| **EVENT:** |  | | | | **Start Date:** |  | | | | SchoolSport NZ Square BLACK | |
| **Location:** |  | | | |
| **TEAM ROSTER DETAILS -** Please complete this form and return to: | | | | | | | | | |
| **Name of School:** |  | | | | **City/Town**: |  | | | |
| **TEAM PERSONNEL** | | | **NON-DOMESTIC & HOME-SCHOOLED STUDENTS.**   1. Domestic students are defined a NZ Citizen, the holder of a residence permit, an Australian citizen, a NZ passport holder (e.g. Cook Islands), a dependent of a work permit holder, refugee, diplomat or whatever definition the Ministry of Education currently applies. Any Non-Domestic student must have been enrolled in and have commenced their attendance at the school of representation on or before the first day of the term in which the event or qualifier is held. 2. Home Schooled students may be eligible to represent member schools under specific conditions. Please see full School Sport NZ eligibility criteria for details. | | | | | | | | |
| **Surname** | | | **First Name** | **Year Level** | **Date of Birth** | **Indicate Non-Domestic Students or Home Schooled** **(see note above).** | |
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| Please insert more rows if required. | | | | | | | | | | | |
| **We consent to the team and students being included in livestreaming or broadcasting if this service is offered (Choose one option) √** | | | | | | | | | **YES** | | **NO** |
| **We consent to the team and students having photos/images/videos used for promotional purposes and social media (Choose one option) √** | | | | | | | | | **YES** | | **NO** |
| Submitted by: | |  | | | | | Position: |  | | | |
| Phone: | |  | | | | | Email: |  | | | |
| **Principals Attestation:** | | 1. **I attest that all students listed above are bona-fide fulltime students at this school and their details as provided are true and correct as on our official school records.** 2. **I agree that all persons associated with this school in the event will be subject to the School Sport NZ Integrity Framework.** | | | | | **Principals Name:** |  | | | |
| **Principals Signature:** |  | | | |
| **Date:** |  | | | |