**2021 NEW ZEALAND SECONDARY SCHOOLS’ LACROSSE CHAMPIONSHIPS**

**Friday 3 September – Sunday 5 September 2021**

**Memorial Park, Cambridge**

**ENTRY FORM**

Please complete this form and return to secretary@nzwlacrosse.nz by Friday 6 August 2021.

|  |  |
| --- | --- |
| **School Name:**  |  |
| **City/Town:** |  |
| **Tournament:**(Choose one option) | Boys Girls |
| **Uniform Colours:**(Note: if a clash is identified, we will contact schools to provide alternative strips) | Primary colour:Secondary colour: |
| **Will your school be bringing its own tent?:**(To assist with organising tent space) | Yes No |

**TEAM STAFF**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Coach(es)** | **Manager** | **TIC or Sports Coordinator** |
| **Name:** |  |  |  |
| **Contact Mobile Phone:** |  |  |  |
| **Email:** |  |  |  |

**TEAM ROSTER**

Note: Girls’ teams may have a maximum of 18 players. Boys’ teams may have a maximum of 23 players.

If preferred, a spreadsheet in the same format as below may be sent to secretary@nzwlacrosse.nz with this entry form.

|  | **Uniform Number** | **Full Name** | **Year Level** | **Date of Birth** | **Indicate If Captain** | **Indicate If Non-Domestic or Home-Schooled Students (See Note)** |
| --- | --- | --- | --- | --- | --- | --- |
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**Note on Non-Domestic and Home Schooled Students**

1. Domestic students are defined as 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.

**CONSENT OF IMAGE/PHOTOGRAPHS**

Note: non-consent of image/photographs forms for individuals available upon request to secretary@nzwlacrosse.nz.

|  |  |
| --- | --- |
| **We consent to the team and students being included in livestreaming/broadcast/photography of the event**(Choose one option) | Yes No |

**PRINCIPAL’S ATTESTATION**

1. **I attest that all students listed above are bona-fide full time 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.**

|  |  |
| --- | --- |
| **Principal’s Name:** |  |
| **Principal’s Signature:** |  |
| **Date:** |  |

**SUBMITTED BY:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Email:** |  |
| **Mobile Phone Number:** |  |