



2013

## National Secondary School Touch Championship Tournament Participation Form

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Preferred Name (If different from First Name) \_\_\_\_\_

Surname \_\_\_\_\_

Gender \_\_\_\_\_ D.O.B \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

City \_\_\_\_\_

Home Phone (0\_\_) \_\_\_\_\_

Mobile (02\_\_) \_\_\_\_\_

Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

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This is to certify that I, the above named, have read and fully understand the Touch New Zealand:

☐ Code of Conduct ☐ Eligibility Policy ☐ Use of Personal Information & Image Waiver

I verify that (Please tick each box below, where applicable);

- ☐ I meet and agree to the requirements as set out in the above stated policies.
- ☐ I have no association, in any capacity, with any unaffiliated touch organisation.
- ☐ I agree to meet all my financial requirements of the School I am representing.
- ☐ I agree that my personal details will be used by Touch New Zealand for communication purposes with myself and it will not be passed onto a third party
- ☐ I have met the eligibility criteria of the New Zealand Secondary Schools Sports Council (NZSSSC)

I play in the \_\_\_\_\_ team at the \_\_\_\_\_ Module.

(If Under the age of 18, a Parent/Guardian must sign below where indicated)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_