

**PHS SPORTS
INDICATION OF INTEREST**

Student Name:.....Date of Birth:.....

Form Class (current students):.....Male/Female (please circle)
(College Sport Auckland competition requirement, bylaw #18 Gender)

Parent/Caregiver's Name:.....

Phone Home:.....Daytime:.....

Mobile:.....Email:.....

Please tick each sport you wish to register for and submit this form to the Sports Office or email to sport@pukekohehigh.school.nz

Tryouts and registrations for these will be taken at various times throughout the year.

- | | | |
|--|--|---|
| <input type="checkbox"/> AFL | <input type="checkbox"/> Athletics | <input type="checkbox"/> Badminton |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Clay Target Shooting |
| <input type="checkbox"/> Cricket | <input type="checkbox"/> Croquet | <input type="checkbox"/> Distance Running |
| <input type="checkbox"/> Equestrian | <input type="checkbox"/> Football | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Gymsports | <input type="checkbox"/> Hockey | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Lawn Bowls | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Motocross |
| <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Netball | <input type="checkbox"/> Orienteering |
| <input type="checkbox"/> Rowing | <input type="checkbox"/> Rugby/League/15s/7s | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Squash | <input type="checkbox"/> Swimming | <input type="checkbox"/> Table tennis |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Touch Rugby | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Waterpolo | <input type="checkbox"/> Weightlifting | <input type="checkbox"/> Other _____ |

If your child participates in Club sport, please let us know as there may be Secondary Schools Competitions they may qualify for.

We need your support in order to provide the sports your child is interested in. This could involve providing transport, coaching, or managing a team. Are you willing to be contacted by the PHS Sports Department about assisting in any of the above areas?

Yes/No (please circle)

Preferred Sport/s.....

By signing this document, both student and parent agree to abide by the PHS Code of Expectations and College Sport Auckland rules and bylaws.

Signatures: Student:.....Caregiver:.....

Date:.....Date:.....