

HVS After School Sports 2018

Kia ora koutou

This year we are wanting to get the names of all the children who are keen to play in an after school sport. You will find the sports available for the different year groups listed below. At the end of each term I will email you with more information about the teams, dates and coaches once we have it sorted for the following term.

Please talk this through with your child so they know that they are making a commitment and we are expecting them to play in the organised team for the term.

Once we have a confirmed number of teams and players we will also be able to provide you with a cost for the team/players. This will need to be paid before the season starts. Thanks

Child's name:	Year:	Class:
Child's name:	Year:	Class:
Child's name:	Year:	Class:

Please tick to indicate your child's interest in the following after school sports for 2018.

<u>Term 1</u>	<u>Term 2</u>	<u>Term 3</u>	<u>Term 4</u>
<input type="checkbox"/> Floorball (Y1-6)	<input type="checkbox"/> Basketball (Y3-6)	<input type="checkbox"/> Basketball (Y3-6)	<input type="checkbox"/> Floorball (Y1-6)
<input type="checkbox"/> Touch (Y3-6)	<input type="checkbox"/> Netball (Y5-6)	<input type="checkbox"/> Netball (Y5-6)	<input type="checkbox"/> Touch (Y3-6)
<input type="checkbox"/> Netball (Y1-4)			<input type="checkbox"/> Netball (Y1-4)
			<input type="checkbox"/> Futsal (Y4)

Please tick to indicate which team and sport you are interested in COACHING for 2018.

Can you help with COACHING?			
<u>Term 1</u>	<u>Term 2</u>	<u>Term 3</u>	<u>Term 4</u>
<input type="checkbox"/> Floorball (Y1-6)	<input type="checkbox"/> Basketball (Y3-6)	<input type="checkbox"/> Basketball (Y3-6)	<input type="checkbox"/> Floorball (Y1-6)
<input type="checkbox"/> Touch (Y3-6)	<input type="checkbox"/> Netball (Y5-6)	<input type="checkbox"/> Netball (Y5-6)	<input type="checkbox"/> Touch (Y3-6)
<input type="checkbox"/> Netball (Y1-4)			<input type="checkbox"/> Netball (Y1-4)
			<input type="checkbox"/> Futsal (Y4)

Coaches name:		
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Caregivers Signature _____ **Date:** _____

Completed forms to be returned to Sophia Bridgwater in room 2 or
sophia@houghton.school.nz