skateboarding.nz

schoolsport NEW ZEALAND NZSSSC

Instructions

- This roster must be completed for all Championship events.
- All students must be listed with accurate ENROL dates and eligibility indicators, please see SSNZ eligibility criteria
- Attach all required documents as outlined in the Required Attachments Checklist.
- Submit this roster to the Event Provider with your team entry on or before the due date.

Team Details

School:	
Event / Sport:	
Age Group / Grade:	
Coach / Manager Name and email:	
Team roster submitted by Name and email: *(if different from above)*	

Player Roster - Eligibility Information

Student First Name	Student Last Name	Year Level	DOB	First date of attendance	NTS* or ND (Note if applicable)	NTS Exemption letter from SSNZ attached (Y/N)

NTS Quota Compliance

*NTS - The Student's most recent Enrolment at their School, in any of Years 10 to 13 (or Year 14 if Eligible under clause 9), occurred within the twenty-four (24) months preceding the scheduled first day of the Sanctioned Event (or within the period specified in clause 11.3 for Year 11–13 Schools).
Enrolment is defined in the SSNZ eligibility regulations as the first date of attendance.

Item:	**Value:**
Event NTS quota:	
Number of NTS students listed:	
Number of NTS exemptions attached:	
Team is compliant with quota (Yes / No):	

Required Attachments Checklist

(Tick only the confirmations relevant to your team and ensure they are attached when submitting your roster)

NTS (New to School)

☐ NTS Transfer Confirmation (Form 1)

☐ NTS Exemption Approval (Form 10)

- PCRE
- Extraordinary Circumstances
- Special Circumstances

Year 14

☐ Year 14 Dispensation Approval (Form 9)

Host / Attached School Relationship

☐ Host School Agreement Approval (Form 5)

Other

☐ Form 9

Principal Attestation

I attest that all students listed are bona fide full-time students at this school, meet all eligibility requirements of the SSNZ 2026 Eligibility Regulations, and that all information provided is true and correct.

Where a Host/Attached School Agreement applies, I confirm that the agreement has been approved by SSNZ and all students meet the conditions of that agreement.

I acknowledge that all persons associated with this team are bound by the SSNZ Integrity Framework.

Principal Name: _____

Signature: _____
Date: _____

Event Provider Verification *(for official use)*

Eligibility documentation received and verified (Yes / No):	
Verified by:	
Date:	