## Kapiti Junior Touch 2025 - 2026 Paraparaumu Beach School Registration Form

Name:			
DOB:	Current Age:	Gender:	
Parent/caregiver name: _		Best contact phone #	
Email Address (please wr	ite clearly)		
Classroom #	Year Level:	New to playing touch?	Yes/No
Any relevant medical issu	es for coach/module	e awareness?	
Please return this f		nt to the school office be ptember.	fore Monday
	y to the 25th of Marches are: 2019/2020 2018 2016/2017 2014/2015 2011/2012/2013 2012 & U14 play Wedn 1 (\$25 per subsequence) 1 finish playing in Dec	nesdays. ent family member).	
Coaching - I can coach a	team this season?	YES / NO	
		Phone Number:	
Total Fee Paid \$ I give permission for touch for Paraparaumu B		the 2025-2026 season.	to play
Signed:			
(Name of older sibling if p	aying \$25		)