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PRINCIPAL | Andrew Campbell PGDip. Org. Behaviour, B.Ed., Dip.T.

Tuesday, 18th October 2022

Kia ora e te whaanau,

Your child has indicated they would like to play in a Knighton touch rugby team for Term 4. If you would like your child to play, a permission slip **needs to be completed by Friday, 21st October.**

Waikato Primary Invitational Touch Rugby Tournament Details

Date: Friday, 11th November 2022.

Venue: Korikori Park

Time: 9:30 a.m – 2:00 p.m.

We will depart Knighton at 9:15 after roll call. Please meet on the basketball courts.

Team: Year 5/6 players.

Cost: A fee of \$10 is required to be paid by Friday, 21th October. Online payments can be

made through the Kindo shop mykindo.co.nz. lf paying by this method, you do not need

to return this slip. If you do not have internet access, you can pay by Eftpos at the

school office or place cash in an old envelope with the attached slip and return it to the

Frog Box at the Smiley Window by **Friday**, **21st October**.

Uniform: Your child will be provided with a Knighton singlet for the tournament once their fees

have been paid, and they will need to wear their own black sports shorts and touch

shoes (sneakers are fine).

What to bring: - A healthy lunch to sustain your child's energy levels throughout the day,

- A large bottle of water, - Knighton Hat,

- Sunblock, - Jersey and t-shir for after games,

- Any medications they may require e.g. asthma inhaler

Transport: Players will be travelling to and from the tournament by private vehicles.

Please register and pay by this coming Friday, 21st October.

Ngaa mihi,

James Penman | KNS Touch Rugby Co-ordinator | jpenman@kns.ac.nz



Waikato Primary Invitational Touch Rugby Tournament

You do not need to send in this form if you are paying via the online Kindo shop.

Name:		from Room	can play in the
Waikato Primary Touch Rugby Tournament.			
Yes / No	I am able to provide transport with diago	nal seat belts for _	children
Yes / No	I have a full drivers licence and my car is	s registered and has	s a current WOF
\$10	_ Cash or		
\$10 Eftpos			
PARENT/CAREGIVER CONTACT DETAILS:			
Name: Signed:			
Ph:	E-mail:		