

APEEJAY SCHOOL, BHUBANESWAR

NOTICE

SPORTS ACADEMY CONSENT FORM SUBMISSION

Date: 7th April 2026

Dear Parents,
Greetings!

We are pleased to inform you that the Evening Sports Academy at Apeejay School Bhubaneswar will commence from **15th April 2026**. The academy aims to provide students with structured training and skill development in various sports under expert guidance.

The following sports will be offered:

- Cricket
- Skating
- Football
- Swimming

Note:

- Cricket is available for students of Classes IV to XII Boys and Girls.
- Skating is available for students of Classes I to VIII Boys and Girls.
- Football is available for students of Classes IV to XII Boys and Girls.
- Swimming is available for students of classes III to XII (Boys and Girls)

Parents who wish to enrol their ward are requested to **download the consent form**, fill it up, sign it, and deposit the hard copy at the **school reception through the respective Class Teachers**. The duly completed form must be submitted on or before **10th April 2026**.

The timing and days of Sports Academy will be shared after receiving the consent forms from the students/parents. Medical fitness certificate from a registered Doctor is mandatory for the Sports Academy (Cricket/Football/Skating/Swimming)

Kindly ensure timely submission to facilitate smooth organization of the academy sessions.

For any further details, please contact the school office **(7077006609 /6289163805/0674-2386609)**

Regards

Apeejay School, Bhubaneswar

SPORTS ACADEMY CONSENT LETTER

SESSION -2026-27

Date: / /2026

Parents/Guardian Name:

Address:

Dear Sir,

Sub: Consent for Participation in Evening Sports Academy Activities

FOOTBALL / SKATING/ CRICKET/ SWIMMING

I, Mr / Mrs, hereby give consent for my child, Master/ Miss, to participate in the activities organized by Sports Academy. I understand that these activities may include but are not limited to training sessions, competitions, workshops, and any other events deemed appropriate by the academy.

I acknowledge that participation in sports activities involves certain inherent risks, including the risk of physical injury. I understand that Sports Academy and its staff will take all reasonable precautions to ensure the safety and well-being of the participants. However, I agree to release Sports Academy at Apeejay Campus, its coaches, instructors, staff, and volunteers from any liability for injuries or accidents that may occur during my child's participation in these activities.

I confirm that my child is in good health and does not have any medical conditions that would prevent them from safely participating in sports activities. I agree to inform Sports Academy immediately if there are any changes to my child's health status that may affect their participation.

I authorize Sports Academy to seek emergency medical treatment for my child in the event of an injury or medical emergency during their participation in academy activities. I understand that every effort will be made to contact me or another designated emergency contact person before any medical treatment is administered.

I also grant permission for Sports Academy to use photographs, videos, or other media recordings of my child taken during academy activities for promotional or educational purposes, including but not limited to website content, social media posts, and marketing materials.

I have read and understood the terms outlined in this consent letter, and I agree to abide by them.

Parent/Guardian Signature: _____

Date: _____

NOTE:

Please return a signed copy of this consent letter to the Sports Academy before your child's participation in any activities. If you have any questions or concerns, please do not hesitate to contact us.

EVENING SPORTS ACADEMY, SESSION 2026-27

Application/Registration Form

Football

☐

Skating

☐

Cricket

☐

Swimming

☐

(Only one event can be chosen from the above events)

Name of the student (Block Letter) _____

Class _____ Sec. _____ Roll no. _____ Admission Ref No. _____

Father / Guardians Name _____

Complete Address _____

Mobile No. _____ Email Id. _____

Month/Date of Joining Sports Academy. _____

Monthly evening sports academy Fee Structure Allotted: Monthly Fee (Rs 1,000/-)

Paste Passport
Size Photograph
of student

Declaration

I Mr. / Mrs. _____ father/mother of _____
hereby declare that the information furnished by me is correct and complete for the best of my knowledge.
I assure to abide by the instruction to be conveyed to me by the school authority from time to time in respect to
my child for smooth joining evening sports academy of the students. In the event of my child not working
according to the school discipline and not paying the school dues on dates, I undertake to raise no objection, if
he/she is restricted to joining evening sports academy.

Date: -----

Full signature of Parent.

EVENING SPORTS ACADEMY, SESSION 2026-27

Application/Registration Form

Football

☐

Skating

☐

Cricket

☐

Swimming

☐

(Only one event can be chosen from the above events)

(For Office Use Only)

Name of the student (Block Letter) _____ Date of issue. _____
Class _____ Sec _____

Admission Ref No _____ Father/Guardians Name: _____

Name of the boarding point: _____

Monthly evening sports academy Fee Structure Allotted:

1. Monthly Fee (Rs 1,000/-)

☐

Authorized Signatory

MEDICAL FITNESS CERTIFICATE

Date: ____ / ____ / ____

This is to certify that I have examined **Mr./Ms.** _____, **S/O or D/O:**

_____ (Father's Name)_____

aged _____ **years**, residing at _____.

On the basis of clinical examination and medical history, I certify that:

- The individual is **medically fit** to participate in **sports and physical activities**.
- There is **no evidence of any illness, injury, or condition** that would restrict participation in training or competitions at **Sports Academy**.
- The candidate is in **sound physical and mental health**.

Remarks (if any):

This certificate is issued upon the request of the candidate for the purpose of participation in sports activities.

Doctor's Name: _____

Qualification: _____

Registration Number: _____

Signature: _____

Seal/Stamp of Doctor