IDEAL INDIAN SCHOOL, DOHA–QATAR

Circular No. 96/10/2026

GIRLS' SECTION (ES)

Date: 10/10/2026

Dear Parents,

Please note the details and the registration form of the **3rd Annual Athletic Meet 2026-27**:

- The preliminary heats/selection will be held on 17th & 18th November 2026.
- There will be no regular classes for the Girls' Section students on 17th & 18th November 2026.
- Only participants should report to school in white uniform (house). However, buses will ply as usual.
- An athlete can take part in a maximum of 3 events (Excluding Relay).
- An athlete can participate in **either 200 Mts. or 400 Mts**. and cannot participate in both events.
- Relay team is selected by house mistress based on the performance of other sprint events.

Sub Junior (Born on or after 2015)	Junior (Born in 2013 & 2014)	Senior (Born in 2011 & 2012)	Super Senior (Born on or before 2010)
100 Mts.	100 Mts.	100 Mts.	100 Mts.
200 Mts.	200Mts	200 Mts.	200 Mts.
Long Jump	Long Jump	400 Mts.	400 Mts.
Toning Ball Throw	Shot Put	Long Jump	Long Jump
4 x 100 Mts. Relay	4 x 100 Mts. Relay	Shot Put	Shot Put
		4 x 100 Mts. Relay	4 x 100 Mts. Relay

Please note that events which are not completed on November 17th & 18th, 2026, will be conducted later during school hours.

If your ward wishes to participate in the above-listed events, please fill in the registration form and submit it to the class teacher on or before **Wednesday, 14th October 2026**. Registration forms submitted after the specified date, found to contain errors/forgery, or incomplete, will be rejected upon verification.

10/10/2026

MOHAMMAD AZAM KHAN K
ACTING PRINCIPAL

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REGISTRATION FORM (GS/ES)

I hereby confirm that my ward .....of Class & Div.....
Adm. No: ..... representing the .....House is willing to take part in the 3rd Annual Athletic Meet 2026-27 in the following events. She is not suffering from any ailments and is physically and medically fit for these events. Her Date of Birth is __ / __ / ____ as per the **Passport / Birth Certificate**.

Category: ☐ **Sub Junior** ☐ **Junior** ☐ **Senior** ☐ **Super Senior** ***(Tick the correct category)***

Events (excluding relay): **1.** ..... **2** ..... **3.**.....

*QID No: ..... Health Card No:.....

*Any chronic conditions: ..... *Past injuries: .....

*Medications, if any: .....*Previous medical history: .....

*Name of Parent..... *Parent's sign with date .....

Mobile: ..... *Emergency contact details: .....

Please note: - If any student has a medical condition, a medical fitness certificate from **PHCC/HMC** must be attached with the registration form. The registration form must be filled in and signed only by the parents. Once it is submitted, no changes to the events will be allowed.
Instruction for Class Teachers: Class Teachers are requested to verify and keep the registration forms safely in their custody. The consolidated sheet should be handed over to the Physical Education Department, and a copy must be submitted to the Activity Coordinator on **Sunday, 18th October 2026.**

(* mandatory to fill)