



IDEAL INDIAN SCHOOL, DOHA-QATAR

Circular No. 92/10/2026

JUNIOR 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 prelims will be held on 24th and 25th November 2026.
- Tuesday, 24th November 2026: Class I & II (There will be no regular classes for III & IV)
- Wednesday, 25th November 2026: Class III & IV (There will be no regular classes for I & II)
- Only participants need to come to school in white uniform (house).
- Buses will ply as usual.
- **Relay team** is selected by house master/mistress based on the performance of other sprint events.

Primary I Class I (Boys & Girls)	Primary II Class II (Boys & Girls)	Primary III Class III		Primary IV Class IV	
		Boys	Girls	Boys	Girls
50 Mts. Race	50 Mts. Race	60 Mts. Race	60 Mts. Race	60 Mts. Race	60 Mts. Race
Cricket Ball Throw	Standing Broad Jump	Long Jump	Long Jump	100 Mts. Race	100 Mts. Race
4 X 25 Mts. Relay	4 X 50 Mts. Relay	Toning Ball Throw	Toning Ball Throw	Long Jump	Long Jump
		4 X 100 Mts. Relay	4 X 100 Mts. Relay	4 X 100 Mts. Relay	4 X 100 Mts. Relay

Please note that events which are not completed on November 24th & 25th, 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 Teachers 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

REGISTRATION FORM (JS/ES)

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

Primary: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Category: ☐ Boys/ ☐ Girl (Tick the correct category)

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

(Relay team is selected based on the performance of sprint events.)

*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)