

## DON BOSCO SENIOR SECONDARY SCHOOL, NERUL

9<sup>th</sup> April 2019

Dear Parents,

We are in the process of forming our School Sports Teams for the year 2019 – 20. Hence, we will be organizing a Sports Camp in our school from Wednesday 1<sup>st</sup> May 2019 to Friday 31<sup>st</sup> May 2019, for Classes I to XII. No Sports Camp fees will be charged. Timings : 8.00a.m to 11.00a.m. Saturday and Sunday will be a holiday.

Kindly note the details of the Sports Camp:

1. Students can choose any ONE game from the following list :

LIST OF GAMES
<ul style="list-style-type: none"><li>• Football</li><li>• Basketball</li><li>• Handball</li><li>• Athletics</li><li>• Cricket</li><li>• Badminton</li></ul>

2. Students are requested to carry a water bottle, snacks and sports kit with their name and class labeled on their bag. Kindly fill in the tear-off slip and registration form and submit it to the Class Teacher by Monday, 15<sup>th</sup> April 2019.

Yours Sincerely,

Fr. Donald Fernandez, SDB  
Principal

✂-----

Date:

To  
The Principal  
Don Bosco Senior Secondary School  
Nerul, Navi Mumbai

Respected Father,

I am sending my son / daughter \_\_\_\_\_  
of Class \_\_\_\_\_ Div. \_\_\_\_\_ Roll No. \_\_\_\_\_ for \_\_\_\_\_ Coaching. I  
appreciate the fact that the teachers will take adequate responsibility and precautions. I also  
understand and accept the fact that the school will not be responsible for any unforeseen  
eventualities.

Parent's Signature

**DON BOSCO SENIOR SECONDARY SCHOOL NERUL**  
**Sports Camp**

**REGISTRATION FORM 2019**

**PARTICIPANT'S INFORMATION**

Name of the Student \_\_\_\_\_

Gender :  Female  Male Age : \_\_\_\_ Class \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Parent's Email \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Contact No.: \_\_\_\_\_ Father's Contact No: \_\_\_\_\_

Person authorized to pick up child: \_\_\_\_\_

Other Pick- up Arrangements \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Specify any of your child's health problems: No /Yes If Yes - Specify:

<b>GAME LIST</b>	<b>CHOICE OF GAME (Choose any 1)</b>
Football Basketball Handball Athletics Cricket Badminton	

Timings : 8.00a.m to 11.00a.m

Parent's Signature \_\_\_\_\_ Date : \_\_\_\_\_