



# Akhtar International Learning School

Path to Lifelong Learning

## Event Registration Form

Dear Parent/Guardian/Student,

Please fill out the form below to register for participation in the upcoming **[Event Name]**. This will help us organize the event and ensure smooth participation. Kindly submit the completed form by **[submission date]**.

### Event Details

Event Name	Event Date(s)	Location	Time
[Event Name (e.g., Sports Day, School Play)]	[Event Date(s)]	[Event Location (e.g., School Field)]	[Event Time (e.g., 9:00 AM)]

### Participant Information

Please provide details about the participant (student) registering for the event.

Field	Details
Full Name of Student	<input type="text"/>
Grade/Class	<input type="text"/>
Date of Birth	<input type="text"/>
Parent/Guardian Name	<input type="text"/>
Parent/Guardian Phone Number	<input type="text"/>
Parent/Guardian Email Address	<input type="text"/>

### Event Participation Details

Please select the appropriate participation options for the event.

Participation Category	Select Option	Additional Information/Details
Sports Day	<input type="checkbox"/> Track Events	<input type="text"/>
	<input type="checkbox"/> Field Events	<input type="text"/>
	<input type="checkbox"/> Relay Races	<input type="text"/>
School Play	<input type="checkbox"/> Acting	<input type="text"/>
	<input type="checkbox"/> Backstage Crew	<input type="text"/>
Annual Function	<input type="checkbox"/> Singing	<input type="text"/>
	<input type="checkbox"/> Dancing	<input type="text"/>
	<input type="checkbox"/> Drama	<input type="text"/>
Other (Please specify)	<input type="checkbox"/> [Other Category]	<input type="text"/>

### Special Requirements

Please inform us of any special requirements, such as medical conditions, dietary restrictions, or other concerns, to ensure the participant's safety and comfort during the event.

### Event Registration Form (V.1.0)

Address: Near Isalam City, Ladhawala Warraich, Gujranwala

Phone: +92 306 8731934  
Email: [admin@ails.school](mailto:admin@ails.school)  
Website: [www.ails.school](http://www.ails.school)



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## Special Requirements

## Details

Medical Conditions (if any) \_\_\_\_\_  
Dietary Restrictions (if any) \_\_\_\_\_  
Other Needs/Concerns \_\_\_\_\_

## Parental Consent and Acknowledgment

I, the undersigned, give permission for my child, **[Student's Full Name]**, to participate in the **[Event Name]**. I understand that:

- The School will take all necessary precautions to ensure my child's safety during the event.
- In case of emergency, the School will contact me using the information provided above.
- I am responsible for ensuring that my child is aware of and prepared for the event's requirements (e.g., attire, equipment, etc.).

## Consent

I consent to my child's participation in the event.

I acknowledge that the school is not responsible for any injuries during the event.

## Parent/Guardian Initials

☐ Yes ☐ No

☐ Yes ☐ No

## Emergency Contact Information

Please provide an emergency contact person who can be reached during the event.

Emergency Contact Name	Relationship to Student	Phone Number	Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Acknowledgment and Signature

By signing below, I confirm that I have provided accurate information regarding my child's participation in the **[Event Name]**. I acknowledge and agree to the terms outlined in this form.

- **Parent/Guardian Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

## For School Use Only

Registration Received By	Date Received	Event Coordinator Notes
_____	_____	_____

This **Event Registration Form** helps Akhtar International Learning School efficiently organize and manage events, ensuring proper registration, parental consent, and special requirements are documented. It provides a clear overview of student participation options and includes emergency contact details for safety.

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