AFTER-SCHOOL SPORTS/ACTIVITIES

PERMISSION FORM

Student Name: ________________________________

Activity: ________________________________

I hereby give my consent for the above named student to:

participate in approved after-school activities/sports try-outs, training and practices;
represent ASD in interscholastic competitions in this activity;
receive, through a medical doctor of the school’s choice, emergency medical care which
may become necessary in the course of such athletic activities or such travel.

I further agree not to hold the school or anyone acting on its behalf responsible for
any injury occurring to the above named student in the proper course of such
athletic activities or travel.

Signature: ________________________________ Date: ____________________
(parent/legal guardian)

Home Number: __________________________
Mobile Number: ____________________

Emergency Contact Number: ____________________ (if different from above)

Note: If your child makes the final cut for an ASD sports team to travel
internationally, an additional permission/liability waiver agreement will need to
be signed.

ASD Mission
The American School of Doha is committed to the intellectual and personal development of our students, inspiring and empowering
them to become positive, active global citizens.

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