



AITCHISON COLLEGE, LAHORE

SPORTS DEPARTMENT

Consent Form for Summer Sports Camp - 2026

Senior School

Dear Parents,

The Sports Department is holding a Summer Sports Camp from **13th July till 13th August, 2026**.

The details are as under:

Game	Minimum Strength	Timings	Venue	Days
Hockey	10	05:00 pm to 06:30 pm	Jafar Hockey Field	Monday to Saturday
Rifle Shooting	20	03:30 pm to 05:30 pm	Rifle Shooting Range	
Athletics	15	06:30 am to 08:00 am	ACOB Ground	
Basketball	20	07:00 am to 08:00 am	Basketball Court 2 & 3	
Swimming	15	06:45 am to 08:30 am	Swimming Pool (Senior & Prep School)	
Squash	15	05:00 pm to 06:00 pm	Monnoo Squash Courts	
Tennis	15	07:00 am to 08:00 am	Tennis Hard Courts (near Old Tree)	
Rugby	15	03:30 pm to 04:45 pm	Rugby Field	
Cricket	30	04:45 pm to 06:30 pm	Main Cricket Ground & Cricket Academy	
Football	30	04:45 pm to 06:30 pm	F-5 Field (Adjacent to Jafar Field)	

The charges are (Rs. 25,000/- for one game and Rs. 40,000/- for two games) and parents should pay in-advance via Pay Order/Bank Draft that should be in the name of: **"Aitchison College, Lahore"** with submission by **Saturday – 20th June, 2026**.

Important: Please sign below to give your consent for the participation and return this form to the **Accounts Office** by **Saturday – 20th June, 2026** along with the **Pay Order/ Bank Draft**.

Note:

- Sports Department will not be holding the Summer Sports Camp in that particular game (as mentioned in the table) where minimum strength is not met.
- Limited Boarding facility available on first come first serve basis (Food cost will be charged).
- Each Boy can participate in a maximum of 2 games.
- Refund Request (if any) will only be entertained till **Saturday - 27th June, 2026**.

In case of any query regarding the camp, please contact the Sports Office (Phone # 042-36363063 Ext. 230 & 289).

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CONSENT FORM

I hereby give permission for my son to participate in the Summer Sports Camp - 2026. Also I acknowledge the rules applicable to this camp.

I also give consent for medical emergency treatment including hospitalization for my child, if deemed necessary by the school medical officer.

School #	Name	Class	House	Game

Parents'/ Guardian Name: _____

Parents'/ Guardian Signature: _____

Date of Submission: _____