

Dear Parents,

We are pleased to inform you that your ward has been selected to participate in “Freedom250: The Slam Dunk Experience”, to be held on **8th May 2026** at the American Centre, New Delhi.

The programme celebrates American sporting culture and aim

s to promote the values of fair play, teamwork, and open competition through the game of basketball. It will include structured skill-based drills, interactive engagements, and a shared cultural experience. The event will also feature screening of the acclaimed Basketball film ‘Hoosier’.

This engagement is expected to provide students with an enriching platform to develop physical fitness, collaborative skills, and sportsmanship in an international setting facilitated by the U.S. Embassy and its partners.

Important Details:

- Departure: 7:45 am from school
- Venue: American Center, 24 K.G. Marg, New Delhi
- Event Timing: 8.30 a.m. – 1:30 p.m.
- Return to School: 2:30 p.m. (tentative)
- Teacher Escort: Ms. Deepika Khatri (Contact: 9810958869)
- Fee: INR 100 (to be paid through ERP)
- Students are requested to wear their school ID card and carry a copy of their Aadhaar card

Kindly submit the signed consent form to the class teacher by 7th May 2026.

Thank You



Sharmila Raheja
Principal

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CONSENT SLIP

Dear Ma'am,

I, _____ (father/mother/guardian) of _____,
Grade _____ Section _____, have read and understood the details regarding my ward's participation in
“Freedom250: The Slam Dunk Experience” at the American Centre, New Delhi on **8th May 2026**.

I am aware that the programme involves basketball-related physical activities. I understand that the school will take all necessary precautions for the safety of the students. In the event of any unforeseen circumstances beyond the school's control, I will not hold the school liable. I also grant permission for my ward to be photographed/recorded during the programme for official purposes.

I also understand that I am required to collect my ward from the school premises on their return.

I understand and agree to pay the required fee of INR 100 through the ERP portal.

Student's Name: _____

Signature: _____

Name: _____

Date: _____