

DELIA MEMORIAL SCHOOL (BROADWAY)Notice to Parents / GuardiansDate: 11th September, 2018

Dear Parent / Guardian,

Volleyball Beginner Training Course

Your child / ward has been selected for the Volleyball Beginner Training Course. The detail as follows:

Date	Time	Venue
18 th Sept - 10 th Oct 2017 (Every Monday)	15:45 – 17:45	School Gymnasium

Please sign the letter appended below as an agreement for your child / ward to contest in the events. The signed letter should be returned to **Wong CM** on or before **14th September, 2018**.

Yours faithfully



K.C. Lo
Principal

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Parent's Agreement Letter (PN_1819_023)

Re: Volleyball Beginner Training Course

Date: _____

Dear Principal,

I **agree** my child / ward _____ of S ____ (____), to participate in the competitions of the **Volleyball Beginner Training Course**.

Students should be aware of their health conditions and consider whether it is suitable for them to enroll in this competition. In case of doubt, please consult a doctor prior to the enrollment of competition.

I declare that: I am /My Child is healthy, physically fit, and suitable to participate in the above activity. School shall not be liable for any injury or death which I may suffer in this activity. If the cause of injury or death is due to my own negligence or inadequacy in health and fitness.

Signature of Parent / Guardian: _____

Name of Parent / Guardian: _____

DELIA MEMORIAL SCHOOL (BROADWAY)Notice to Parents / GuardiansDate: 11th September, 2018

Dear Parent / Guardian,

Volleyball Team TrainingYour child / ward has been selected for the Volleyball Team Training. The detail as follows:

Date	Time	Venue
Every Monday	15:45 – 18:45	School Gymnasium
Every Wednesday	15:30 – 18:00	Cheung Sha Wan Volleyball Court

Each student is asked to pay **\$ 100.00** for the Team Uniform fee.

Please sign the letter appended below as an agreement for your child/ward to contest in the events.
The signed letter should be returned to Wong CM on or before **14th September, 2018**.

Yours faithfully



K.C. Lo
Principal

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Parent's Agreement Letter (PN_1819_023)

Re: Volleyball Team Training

Date: _____

Dear Principal,

I **agree** my child / ward _____ of S ____ (____), to participate in the competitions of the Volleyball Team Training. I return herewith **\$100** for the Team Uniform fee.

Students should be aware of their health conditions and consider whether it is suitable for them to enroll in this competition. In case of doubt, please consult a doctor prior to the enrollment of competition.

I declare that: I am /My Child is healthy, physically fit, and suitable to participate in the above activity. School shall not be liable for any injury or death which I may suffer in this activity. If the cause of injury or death is due to my own negligence or inadequacy in health and fitness.

Signature of Parent / Guardian: _____

Name of Parent / Guardian: _____