

DELIA MEMORIAL SCHOOL (BROADWAY)Notice to Parents / GuardiansDate: 13th September, 2018

Dear Parent / Guardian,

Touch Rugby Beginner Training Course

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

| Date | Time | Venue |
|---|---------------|------------------|
| 17 th Sept – 29 th Oct, 2017 (Every Monday) | 15:45 – 17:45 | Lai Chi Kok Park |

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 **Mr Bibek** on or before **14th September, 2018**.

Yours faithfully



K.C. Lo
Principal

----- ✂ ----- ✂ -----

Parent's Agreement Letter (PN_1819_025)

Re: Touch Rugby Beginner Training Course

Date: _____

Dear Principal,

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