

DELIA MEMORIAL SCHOOL (BROADWAY)Notice to Parents / GuardiansDate: 29th November, 2018

Dear Parent / Guardian,

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

Date	Time	Venue
Every Tuesday	18:00 – 20:00	School Gymnasium

Please sign the letter appended below as an agreement for your child / ward to participate in the training. The signed letter should be returned to Mr Noman on or before **3rd December, 2018**.

Yours faithfully



K.C. Lo
Principal

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Parent's Agreement Letter (PN_1819_109)

Re: Hockey Team Training

Date: _____

Dear Principal,

I **agree** my child / ward _____ of S _____ (_____), to participate in the **training of Hockey Team**.

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: _____