

DELIA MEMORIAL SCHOOL (BROADWAY)Notice to parents / guardiansDate: 9th September 2019

Dear Parents / Guardians,

Volleyball Training

Your child / ward has been selected for the Volleyball Team. Training details are as follows:

Date	Time	Venue
Every Monday	16:00 – 19:00	School Gymnasium
Every Wednesday	15:30 – 18:30	Cheung Sha Wan Volleyball Court
14/9 (Saturday)	09:30 – 14:00	School Gymnasium (Friendly Match)

Each student is asked to pay **\$ 90.00** for the **Team Uniform** fee.Please return the fee and reply slip to Mr. Wong CM on or before Friday, 13th Sept 2019. Please remind your child / ward to attend the activity punctually and beware of safety.

Thank you for your kind attention.

Yours faithfully,



 K.C. Lo
Principal

..... ✂

Reply Slip (PN_1920_024)
Re: Volleyball Training

Date: _____

Dear Mr. Lo,

I **agree** my child / ward _____ of S _____ (_____), to participate in the Volleyball Training. I return herewith **\$ 90.00** 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: 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 he/she may suffer in this activity. If the cause of injury or death is due to his/her own negligence or inadequacy in health and fitness.

Signature of Parent / Guardian: _____

Name of Parent / Guardian: _____