

DELIA MEMORIAL SCHOOL (BROADWAY)Notice to parents / guardiansDate: 11th November, 2019

Dear Parents / Guardians,

Adventure Ship Training

Your child / ward are invited to take part in the activity of Adventure-Ship Training Program which is organized by school. Details are as follows:

Date:	Time	Event
4 th Dec 19 (Wed)	2:45pm - 4:45pm	Pre-Trip Meeting and Workshop
10 th Dec 19 (Tue)	8:00am - 4:30pm	Adventure-Ship Trip
17 th Dec 19 (Tue)	3:45pm - 5:45pm	Evaluation Meeting

**** Lunch: Self prepared (Sandwiches, Bread or Cup Noodles)****

Please return the reply slip to the House Supervisors on or before 15th November, 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

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Reply Slip (PN_1920_089)

Re: Adventure Ship Training

Date: _____

Dear Mr. Lo,

I agree / do not agree* my child / ward _____ of S _____ () to take part in the activity of Adventure-Ship Training.

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 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: _____

Name of Parent / Guardian: _____

*Please delete where inappropriate