

DELIA MEMORIAL SCHOOL (BROADWAY)Notice to Parents/Guardians10th October 2022

Dear Parents / Guardians,

Volunteer Leadership Training Camp

In this program, the students can have opportunities to explore their interests and strengths and also enhance their leadership through different experiential group activities, and adventure-based training activities. Your child/ward will take part in the activity for developing their leadership and collaboration skills.

The details are as follows:

Volunteer Leadership Training Camp	
Date	15/10/2022 (Saturday)
Content	<ul style="list-style-type: none"> • Group Activities • Adventure-based Activities • Sharing and Discussion
Activity Place	HKYWCA Sydney Leong Holiday Lodge (Address: 10 A San Shek Wan, South District, Lantau Island.)
Time	8:00 a.m. - 2:30 p.m.
Gathering Time/ Place	8:00 a.m. / School
Dismissal Time/ Place	2:30 p.m. / School

Remarks:

1. Please attend to school punctually as the coach will leave school on time.
2. Please wear **School PE uniform** and appropriate shoes for sport activities.
3. Please wear mask and keep hygiene during the activity. Extra Masks is recommended to be prepared.
4. There will be refreshment provided during the training programs.
5. Under the Vaccine Pass arrangement, all students entering or remaining on specified premises must comply with the COVID-19 vaccination requirements as set out in the Annex, except under exempted scenarios.

Please sign the reply slip through e-Class system on or before **13th October 2022 (Thursday)**. Please remind your child / ward to attend the activity punctually and beware of safety. If you have any concerns, please contact the school social worker, Mr. Chan (contact no.: 5599 6972).

Yours faithfully,



K. C. Lo
Principal

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Reply Slip (PN_2223_067)

Re: Volunteer Leadership Training Camp

Date: _____

Dear Mr. Lo,

I agree / do not agree* my child/ward _____ of Class _____ () to take part in the program.

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

My child fulfills the latest vaccination pass requirement.

For details of "Vaccine Pass", please refer to www.coronavirus.gov.hk/eng/vaccine-pass.html

Signature of Parent / Guardian: _____

Name of Parent / Guardian: _____

* Please delete where inappropriate

Please "✓" the appropriate box