DELIA MEMORIAL SCHOOL (BROADWAY)

Notice to Parents / Guardians

29th September, 2023

Dear Parent / Guardian,

Southern District Cross Country Race

Your child / ward has been selected for the **HKAAA** age group athletic Competition. The detail as follows:

Date	Time	Venue
14,15 th October, 2023 (Sunday)	9am- 12nn	Tseung Kwan O Sports Ground

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 $\underline{Mr. Li \ Ka \ Chun}$ on or before $\underline{5^{th} \ October, 2023}$.

	Yours faithfully,
	to dach
	K.C. Lo Principal
XX	·XX
Reply Slip (PN_2324_053)	ъ.
Re: HKAAA age group athletic Competition	Date:
Dear Principal,	
I <u>agree</u> my child / ward comparticipate in the competitions of the HKAAA age group athletic Comparticipate in the competitions of the HKAAA age group athletic Comparticipate in the competitions of the HKAAA age group athletic Comparticipate in the competitions of the HKAAA age group athletic Comparticipate in the competitions of the HKAAA age group athletic Comparticipate in the competitions of the HKAAA age group athletic Comparticipate in the competitions of the HKAAA age group athletic Comparticipate in the competitions of the HKAAA age group athletic Comparticipate in the competitions of the HKAAA age group athletic Comparticipate in the competitions of the HKAAA age group athletic Comparticipate in the competitions of the HKAAA age group athletic Comparticipate in the competitions of the HKAAA age group athletic Comparticipate in the competitions of the HKAAA age group athletic Comparticipate in the comparticipate in th	of S (), to ompetition.
Students should be aware of their health conditions and consider we enroll in this competition. In case of doubt, please consult a documentation.	
☐ I declare that: I am /My Child is healthy, physically fit, and suit activity. School shall not be liable for any injury or death which I is cause of injury or death is due to my own negligence or inadequacy in	nay suffer in this activity. If the
Signature of Parent / Guardian:	
Name of Parent / Guardian:	
Name of Farent / Guardian:	