

**DELIA MEMORIAL SCHOOL (BROADWAY)**  
**NOTICE TO PARENTS / GUARDIANS**

Date: 2<sup>nd</sup> September, 2025

Dear Parents / Guardians,

**Adventure-Ship Training Program**

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

Date:	Time	Event	Venue
05/09/2025 (Fri)	3:45pm – 4:45pm	Pre-Trip Meeting and Workshop	School (Steam Lab)
10/09/2025 (Wed)	8:00am – 4:30pm	Adventure-Ship Trip	Aberdeen

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

Please return the reply slip to the House Supervisors on or before **8<sup>th</sup> September, 2025**. 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\_2526\_009)**

**Re: Adventure-Ship Training Program**

Date: \_\_\_\_\_

Dear Principal,

I agree / do not agree\* my child/ward \_\_\_\_\_ of S \_\_\_\_\_ class 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 of Parent / Guardian: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_

\*Please delete where inappropriate