

**DELIA MEMORIAL SCHOOL (BROADWAY)**Notice to parents / guardiansDate: 11<sup>th</sup> February, 2026

Dear Parents / Guardians,

**HKSSF Beach Volleyball Competition**

Your child / ward has been selected for the Volleyball Team and represent our school to join the HKSSF Beach Volleyball Competition. The details as below:

Grade	Date	Time	Venue
Girls Junior	12/02/2026 (Thursday)	14:00 pm–17:30 pm	Kwai Chung Beach Volleyball Court
Boys Junior	19/03/2026 (Thursday)	14:00 pm–17:30 pm	Kwai Chung Beach Volleyball Court

You can find the further competition information through

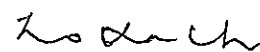
[https://www.hkssf-hk.org.hk/hk/sec/events/beach%20volleyball/preliminary%20round/beachvolleyball\\_d3\\_girlsJ.pdf](https://www.hkssf-hk.org.hk/hk/sec/events/beach%20volleyball/preliminary%20round/beachvolleyball_d3_girlsJ.pdf) (Division 3 Girls Junior Group QT7)

[https://www.hkssf-hk.org.hk/hk/sec/events/beach%20volleyball/preliminary%20round/beachvolleyball\\_d3\\_boysJ.pdf](https://www.hkssf-hk.org.hk/hk/sec/events/beach%20volleyball/preliminary%20round/beachvolleyball_d3_boysJ.pdf) (Division 3 Boys Junior Grade Group G)

Please sign the notice through eClass apps on or before **Thursday, 12<sup>th</sup> February, 2026**.

Thank you for your kind attention.

Yours faithfully,



K.C. Lo  
Principal



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**Reply Slip (PN\_2526\_206)**

**Re: HKSSF Beach Volleyball Competition**

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

Dear Principal,

I **agree** that my child/ward to participate in the HKSSF Beach Volleyball Competition.

**I declare that: I am /My Child is healthy, physically fit, and suitable to participate in the above activity.**

**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.**

Signature of Parent / Guardian: \_\_\_\_\_

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