



ST JOAN OF ARC SECONDARY SCHOOL

聖貞德中學

55 Braemar Hill Road, Hong Kong. 香港北角寶馬山道五十五號

Tel. 電話: 2578 5984 2578 5570 Fax. 傳真: 2578 5725 Website 網址: www.sja.edu.hk

Ref. No.: F206/2022-2023
16th March, 2023

Dear Parents/Guardians,

S.2 Leadership Training Camp 2022-2023

Please be informed that the S.2 Leadership Training Camp is to be scheduled at the end of March, 2023. The purpose of having this camp is to help students develop leadership skills, problem solving skills, self-confidence, self-discipline, team spirit and a positive attitude towards learning through various group activities. This event is organized and led by the social workers at Jockey Club Cheung Chau Don Bosco Youth Centre. Please note the details below:

Activities:	Camping, fitness and functioning training, adventure games on land and sea and other team activities
Venue:	Cheung Chau and Jockey Club Cheung Chau Don Bosco Youth Centre (Camp)
Date:	29 th March, 2023 (Wed.) – 31 st March, 2023 (Fri.) (3 days & 2 nights)
Meeting place & time:	8:45 a.m. on 29 th March, at Outlying Islands Ferry Piers (Pier No.5), Central <i>Parents can apply in writing for a more convenient meeting place & time for their children if they are living in Cheung Chau.</i>
Dismissal place & time:	Around 3:30 p.m. on 31 st March at Outlying Islands Ferry Piers (Pier No.5), Central <i>Parents can apply in writing for a more convenient dismissal place & time for their children if they are living in Cheung Chau.</i>
Fees:	Paid by the Life Wide Learning Fund
Teachers-in-charge:	Mr. Poon Siu Leung, Mr. Chan Sing Wa, CCA Committee Teachers & F2 Class teachers
Special remarks:	1. This training camp is part of the school compulsory activity. If the student is to be absent for the event with a special reason, he/she has to come back to school for self-access learning in the school library from 8:30 a.m. to 3:40 p.m. from 29 th to 31 st March. 2. Please submit the reply slip below and the attached Health Declaration Form on or before 24 th March, 2023 to the respective form teachers.

Thank you for your attention.

Yours sincerely,

Teacher-in-charge
Poon Siu Leung, Chan Sing Wa

Yeung Cheung Oi
Principal



凡你們願意人給你們做的，你們也要照樣給人做。(瑪 7:12)

Do for others what you want them to do for you. (Matthew 7:12)

✂.....✂

Reply Slip

Ref. No.: F206/2022-2023

Dear Principal,

S.2 Leadership Training Camp 2022-2023

I have read and noted the content of the circular dated 16th March, 2023. I permit my child to participate in the S.2 Leadership Training Camp. Please find the completed Health Declaration Form attached. Thank you.

Signature of Parent / Guardian*: _____

Name of Student: _____

Name of Parent / Guardian*: _____

Class & Class No.: _____

Emergency Tel. Phone No.: _____

Date: _____

*Delete as appropriate.

(The English version of this form is prepared by SJASS.
The Chinese version of this form prepared by the organizer shall prevail.)

History of illness: Please ☒ to indicate your past and present illnesses. Give details on the left hand column.

[illegible]

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Head injuries |
| <input type="checkbox"/> | Neck injuries |
| <input type="checkbox"/> | Shoulder injuries |
| <input type="checkbox"/> | Arm/wrist/hand injuries |
| <input type="checkbox"/> | Back injuries |
| <input type="checkbox"/> | Knee injuries |
| <input type="checkbox"/> | Ankle injuries |
| <input type="checkbox"/> | Other injuries |
| <input type="checkbox"/> | Frequent fainting spells of severe dizziness or weakness |
| <input type="checkbox"/> | Epilepsy or convulsions |
| <input type="checkbox"/> | Frequent Nosebleeds |
| <input type="checkbox"/> | Heart Disorder |
| <input type="checkbox"/> | High blood pressure |
| <input type="checkbox"/> | Diabetes |
| <input type="checkbox"/> | Asthma |
| <input type="checkbox"/> | Are you a vegetarian? (Specify food cannot be taken) |

☐ ☐ Do you have arthritis joint or back problems that might be aggravated by exercise? (Please specify)

☐ ☐ Are there any activities to be limited / discouraged by physicians? (Please specify)

☐ ☐ Any allergies (food/drugs/medicines/skin)? (Please specify)

If your medical history is related to the heart or if you have any doubts about your health, please consult your doctor and submit a medical certificate to the organizer before participating in any challenging activities.

By signing and submitting the document or registration form below, I would like to indicate that I fully understand the content and nature of the activities organized by the Jockey Club Cheung Chau Don Bosco Youth Center. I am also willing to bear all risks and responsibilities during all the activities. In addition, the organizer promised to treat all the above information confidentially. I understand that your Centre may take photos of the activities or videotape the events with which the photos or videos are for general promotions only. This declaration also confirms my true reflection of health condition and that I am medically suitable for all camp activities.

Signature of participant: _____ Date: _____

To be filled in by parents/guardians whose children are under aged 18:

I hereby certify that the health condition of my child _____ (name of the participant) is suitable for the activities in the camp. I would take full responsibility for any accidents or injuries made in the camp due to unsatisfactory health condition. Please be noted that my child agrees to abide by the rules and instructions of the organizer.

Relationship with the Participant: _____ Date: _____