



Notice to Parent / Guardian

Circular No.: F203/2024-2025

7th March, 2025

Dear Parent or Guardian:

S2 Leadership Training Camp

The school facilitates whole-person development of students and is committed to offering diverse learning experiences across domains. We highly recommend that your child participate in the S2 Leadership Training Camp mentioned above. Please find the details below:

Event:	S2 Leadership Training Camp		
Date:	26-28/3/2025(LWL Day)	Venue:	Cheung Chau and Jockey Club Cheung Chau Don Bosco Youth Centre (Camp)
Activities:	Overnight camp, fitness, high/low event, take Don Bosco No.1 to experience adventure-based activities on board.		
Gathering Time & place:	26/3/2025 8:30am at Outlying Islands Ferry Piers (Pier No.5), Central	Dismissing Time & place:	28/3/2025 around 4:00pm at Outlying Islands Ferry Piers (Pier No.5), Central
TIC:	Mr. S. L. Poon & F2 Class teachers	Fee:	Funded by the Life Wide Learning Grant
Remarks:	<ol style="list-style-type: none">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 4:00 p.m. from 26th to 28th March.Parents can apply in writing for a more convenient meeting, dismissing place & time for their children if they are living in Cheung Chau.Please submit the reply slip below and the attached Health Declaration Form on or before 14th March, 2025 to the respective form teachers.		

Please submit the following reply slip & participants' health declaration form on or before 14/3/2025 (Friday). If you have any inquiries regarding the above course / activity, please contact Mr. S. L. Poon at 2578 5984.



Mr. YUEN Cheung-oi (Principal)

I have taught you wisdom and the right way to live. (Proverbs 4:11)

Reply Slip

Circular No. F203/2024-2025

S2 Leadership Training Camp

Dear Principal,

I, the parent / guardian of _____ (student's name) (Class: _____ No: _____), acknowledge the receipt of the circular regarding S2 Leadership Training Camp, and my child / ward * will / will not participate in the course / activity.

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Emergency contact no.: _____

Date: _____

*delete the inappropriate



Jockey Club Cheung Chau Don Bosco Youth Centre

Participants' Health Declaration Form

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

As you are going to take part in the Training Camp organized by Jockey Club Cheung Chau Don Bosco Youth Centre, please fill in the questionnaire below to help the organizer understand your health condition as there are many outdoor activities involved. Thank you.

Name of Activity: SJASS S2 Leadership Training Camp

Student's Name: _____ (First Name) _____ (Last Name)

Gender: _____ Home Phone No.: _____

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

Yes No

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

Year	Recovered	Not Yet Recovered

☐ ☐ 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 advice? (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.

Declaration

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 Centre. 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 where 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.

Name of participant: _____

Signature of participant: _____

Date: _____

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To be filled in by parents/guardians whose children are under the age of 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.

Parent's / Guardian's Name: & Signature: _____

Relationship with the Participant: _____

Date: _____