

MARYKNOLL FATHERS' SCHOOL
BASKETBALL TRAINING COURSE (Girl's Team) 2nd Term

4 January 2019

Dear Parents/ Guardians,

I would like to invite your child to join a training course offered to members of our school's basketball team. This training course aims at enhancing the skills of the trainees, helping them to build up their sense of responsibility, promoting a cooperative spirit among teammates and enabling students to handle adversity.

Details of the course are as follows:

Grade	Age Group	Training Day	Time	Venue	Remarks
A	Born on or after 1-1-2000	10/1, 17/1, 24/1, 31/1, 14/2, 21/2, 28/2, 7/3, 14/3, 11/4, 2/5 (Thurs)	<u>Thurs:</u> 16:00 – 18:00	SBC	2 nd Term: 11 lessons
B	Born on or after 1-1-2003				
C	Born on or after 1-1-2005				

* SBC: School Basketball Court

* Should there be suspension of classes by the EDB, classes will be cancelled with no extra classes given thereafter.

* Since all instructors are arranged prior to the courses, the signed cheques and reply slips signed by parents or guidances would mean understanding and agreeing that paid funds are not refundable under all circumstances.

Team members with good performance and potential will be invited to the Inter-School Basketball Competition organized by HKSSF.

2nd Term Fee: \$400

(Cheque payable to “The Incorporated Management Committee of Maryknoll Fathers’ School”)

Please return the reply slip and the cheque inside the “Basketball Team” box which is located at Blk C, G/F ,PE Room **on or before Wednesday, 9 January 2019**. For any enquiries, please contact Mr. Chan Siu Pong or Mr. Lau Gar Cheung at 2777-5117.

Ho Lik Sang, Lobo

Principal

CSP, LGC

Reply Slip - BASKETBALL TRAINING COURSE (Girl's Team) 2nd Term

To the principal of Maryknoll Fathers’ School:

My child *will / will not join the basketball training course Grade (A / B / C)*.

I agree that he must observe the rules set out by the coach. Trainees breaching the rules may receive disciplinary action or even be expelled from the team.

Name of student: _____

Signature of parent/guardian: _____

Class & No.: _____ ()

Name of parent/guardian: _____

Student contact no.: _____

Date of birth(dd/mm/yyyy): _____ - _____

Date: _____

Emergency contact no.: _____

*Delete where inappropriate