

**Chi Yun School**  
**2020 - 2021 School Year**  
**Extra-curricular Activities for Students Circular Notice**

25<sup>th</sup> September, 2020

Dear Parents,

In order to enrich students' learning experience, our school will participate in the "Adventure-Ship – Buddies Programme" and partner with Queen's College to join a training trip at sea together with their students. It is the first marine training programme for youngsters with disabilities in the town. By participating in bizarre activities at sea, participants would learn to collaborate with others and face challenges, so as to enhance their self-confidence. Details of the activity are as follows:

1. Activity Coordinator: Miss Mak Tsz Ying & Miss Chan Hoi Ting
  2. Activity Title: "Adventure-Ship – Buddies Programme"
  3. Organizer: Chi Yun School
  4. Date: 27<sup>th</sup> November, 2020 (Fri)
  5. Time: 9:00 a.m. – 4:45 p.m.
  6. Meeting Place: Chi Yun School
  7. Boarding / Return Point: Marine Police Harbour Division, Tai Hong Street, Sai Wan Ho, Eastern District, Hong Kong
  8. Lunch Arrangement: Non-resident students and all parents bring their own lunch meals; the school will provide lunch meals for all resident students.
  9. Transport Arrangement: School Bus / Tourist Bus / Rehabilitation Bus
  10. Transportation Fee: \$75 Each (The student and one adult attendant will be exempted from transportation fees.)
  11. Dress Code: School uniform and sports pants; bring i) spare clothes, ii) warm clothes & iii) bath towel along.
  12. Pick up time / Location: Gather at Chi Yun School at 9:00 a.m. and head to Marine Police Harbour Division at 9:15 a.m.; leave the Police Division at 4:00 p.m. and dismiss at school at 4:45 p.m..
  13. Application Method: Fill in the i) reply slip and ii) participant health declaration form (the adult attendant accompanying the student to go on board would need to fill in this form as well; see attachment).
  14. Application Deadline: 9<sup>th</sup> October, 2020 (Fri) (Late applications would not be accepted)
  15. Contact: Tel. No.: 23862010 / 23862064; Fax No.: 27089853
- Remarks:
1. This activity is only suitable for some students so only some of them are invited to participate. Your child is suitable for this activity and therefore has been selected as a participant;
  2. If the number of applicants exceeds the maximum number of participants on board, the school has the final decision of which students would participate in the activity;
  3. Due to the limit on the number of people on board, each student could be accompanied by one adult only;
  4. Students joining the sea trip would need to participate in a briefing session before the trip and a workshop after the trip; both of them would be held in our school; the date and time of these events are to be confirmed.

Thank you for your kind attention.





Chung Lai Kuen  
Principal, Chi Yun School

## Reply Slip

Dear Sir/ Madam,

I received the notice about "Adventure-Ship – Buddies Programme" which will be held on 27<sup>th</sup> November, 2020 (Fri) and now reply as the followings:

I, \_\_\_\_\_ (parent's name), the parent of \_\_\_\_\_ (student's name) from class \_\_\_\_\_ reply that:

- My child will participate in the "Adventure-Ship – The Buddies Programme".
- My child will not participate in the "Adventure-Ship – The Buddies Programme".

In case my child has any health problems, I agree with the school or the activity coordinators taking immediate actions for my child.

Parents \* will /  will not participate in this activity (No. of Parents:   1  ).

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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



Participant Health Declaration Form

Thank you for joining our adventure-based nautical training trip. Both our training vessels and programs are designed to meet the special needs of people with different physical conditions. To ensure that you are going to have a successful voyage, we would like to understand more about your health conditions so that we can accommodate your needs in our program planning and making necessary safety precautions. Please inform your team leader or our instructors if there is any change in your health conditions after you fill-in this form or in case you feel sick during the training trip.

- Have you ever suffered from heart disease?
Have you ever suffered from hypertension?
Have you ever suffered from hypotension?
Have you ever suffered from asthma?
Have you ever suffered from epilepsy?
Do you have a bone or joint problem that may affect your physical mobility?
Have you ever lost balance or consciousness because of dizziness?
Are you pregnant?
Are you under medical treatment or on prescribed medication?
Do you have any drug allergy?
Do you have other diseases or disabilities that may affect your ability to dive into water or to take part in physical activity?
Do you return to Hong Kong from other region with the last 14 days? Which place have you been to?

DECLARATION

I, the undersigned hereby declare that the information provided is true and complete and consent to the use of the data by Adventure-Ship Ltd. for administration, programming and emergency purposes. I agree to take part in the training program of Adventure-Ship Ltd. and understand that Adventure-Ship Ltd. will not be liable for any accident which may occur in the course of the training program if the accident is not caused by the negligence of the instructors or any employee of Adventure-Ship Ltd.

Name: Sex: ID no. (eg: A123):

Signature: Date:

Parent's/Guardian's Signature: Date:

(signature of parent or guardian is required if participant is below 18)



### Participant Health Declaration Form

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- Have you ever suffered from heart disease?       No     yes \_\_\_\_\_
- Have you ever suffered from hypertension?       No     Yes \_\_\_\_\_
- Have you ever suffered from hypotension?       No     yes \_\_\_\_\_
- Have you ever suffered from asthma?             No     yes \_\_\_\_\_
- Have you ever suffered from epilepsy?           No     yes \_\_\_\_\_
- Do you have a bone or joint problem that may affect your physical mobility?       No     yes \_\_\_\_\_
- Have you ever lost balance or consciousness because of dizziness?       No     yes \_\_\_\_\_
- Are you pregnant?                                     No     yes \_\_\_\_\_
- Are you under medical treatment or on prescribed medication?       No     yes \_\_\_\_\_
- Do you have any drug allergy?                     No     yes \_\_\_\_\_
- Do you have other diseases or disabilities that may affect your ability to dive into water or to take part in physical activity?       No     yes \_\_\_\_\_
- Do you return to Hong Kong from other region with the last 14 days? Which place have you been to?       No     yes \_\_\_\_\_

#### DECLARATION

I, the undersigned hereby declare that the information provided is true and complete and consent to the use of the data by Adventure-Ship Ltd. for administration, programming and emergency purposes. I agree to take part in the training program of Adventure-Ship Ltd. and understand that Adventure-Ship Ltd. will not be liable for any accident which may occur in the course of the training program if the accident is not caused by the negligence of the instructors or any employee of Adventure-Ship Ltd.

Name : \_\_\_\_\_ Sex : \_\_\_\_\_ ID no. (eg: A123) : \_\_\_\_\_

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

Parent's/Guardian's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

*(signature of parent or guardian is required if participant is below 18)*