Chi Yun School

2024 - 2025 School Year

Extra-curricular Activities for Students Circular Notice

4th July, 2025

To enhance students' physical fitness, acquire survival skills, and cultivate an interest in sports, our school is now organizing a parent-child swimming group. We welcome interested students to actively sign up for participation! Details for the group as below:

1. Course Objectives	1.Learn correct swimming postures and techniques.
	2. Enhance cardiovascular function, muscle strength, and body coordination.
	3. Cultivate water safety awareness and self-rescue abilities.
	4. Build confidence, strengthen willpower, and foster team spirit.
2. Target Audience	From Primary 1 to Junior Secondary 2.
Students	
3. Class Schedule	Course Dates: September 1, 2025, to November 30, 2025 / Every
	Tuesday (excluding public holidays)
	Class Time: 08:50 AM - 11:15 AM (actual swimming duration is
	approximately 45 minutes)
4. Class Location	Venue: Tai Wan Shan Swimming Pool
	Meeting Point: Underground Library of CHI YUN School
5. Coaching Team	The course will be taught by swimming coaches from the Whampoa Sports
	Association. The team is patient and meticulous, prioritizing safety and has
	experience teaching children with disabilities, adept at guiding students of
	varying skill levels.
6. Fee Information	Tuition: The activity is sponsored by the Comprehensive Learning
	Subsidy. Participating parents and students only need to pay the
	entrance fee for the public pool (the fee is \$8 for persons with
	disabilities and one accompanying person).
	Payment Method: Entrance fee to be paid on the day of the swimming
	class.
7. Registration Method	Registration Deadline: July 17, 2025
	Required Information: Student health assessment questionnaire,
	disclaimer (see attachment).
8. Important Notes	1. Health Condition: Students registering must be in good health, free
(Safety and	from cardiovascular diseases, skin diseases, infectious diseases, or any
Regulations)	other conditions unsuitable for swimming. Please inform us of any
	special health conditions before the swimming class.
	2. Essential Items: Parents and students should bring their own

	swimsuits, swim trunks, swim caps, goggles, towels, flip-flops, and
	bathing supplies.
	3. Safety First: Students must strictly follow the coach's instructions and
	all safety regulations at the pool. Running and diving (unless instructed
	by the coach) are prohibited during class.
	4. Parental Cooperation: To ensure student safety, all participating parents
	must gather and dismiss at the school, assist their children in changing
	swimwear, and conduct warm-ups before swimming. Parents must
	closely supervise their children during the swimming class.
	5. Insurance: Parents may consider purchasing accident insurance for
	their children based on their needs.
	6. Absences and Make-up Classes: If a student is absent for any reason,
	no make-up classes will be arranged. Please inform the class teacher at
	least two days in advance if a leave of absence is needed.
	7. Inclement Weather: Classes may be canceled in case of severe weather
	such as thunderstorms or typhoons (no make-up classes will be
	arranged). Please pay attention to school notifications.
	8. Quota: 8 parent-child pairs. Successful registrants will be individually
	notified by the school. Students who do not successfully register will
	be placed on a waiting list. If a selected student is absent, a waiting
	student will be arranged to participate in the swimming class.
9. Expected Outcomes	Through systematic learning and training, students will be able to:
	 Significantly improve their swimming skills and water activity
	abilities.
	• Enhance their physical fitness and enjoy the fun of swimming.
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Establish a stronger sense of safety and self-confidence.

Thank you for your attention.

Acting Principal, Chi Yun School

Chi Yun School 24-25 Announcement P086e	Announcement-in-charge: Miss. Cheng Kwan Kwan
Repl	ly Slip
	Date:
I * agree □ / disagree □ my child the <u>Parent-child Swimming group</u> held on the o	(Class:) to participate in coming academe year 2025-2026 .
No. of Parents: (Note: Eac parent.)	th student must have at least one accompanying
	Parent's Name: Parent's Signature:

通告負責人:鄭君君老師

學生健康評估問卷,免責聲明(附件)

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	泳小組健康評估問卷	是	否
	ease fill in for Swimming Courses (請以回表示 Please回)	(YES)	(NO)
1.	醫生曾否說過你或敝子女的心臟有問題,以及只可進行醫生建議的體		
	能活動?		!
Ì	Has your doctor ever said that you or your child have a heart condition and that		
	you should only do physical activity recommended by a doctor?		
2.	你或敝子女進行體能活動時會否感到胸口痛?		
	Do you or your child feel pain in your chest when you do physical activity?		
3.	過去一個月內,你或敝子女曾否在沒有進行體能活動時也感到胸口		
	痛?		
	In the past month, have you or your child had chest pain when you were not		
	doing physical activity?		•
4.	你或敝子女曾否因感到量眩而失去平衡,或曾否失去知覺?		
	Do you or your child lose your balance because of dizziness or do you or your		
}	child ever lose consciousness		
5.	你或敝子女的骨骼或關節(例如脊骨、膝蓋或髖關節)是否有毛病,且會		
	因改變體能活動而惡化?		
	Do you or your child have a bone or joint problem (for example, back, knee or	j j	
	hip) that could be made worse by a change in your physical activity?		
6.	醫生現時是否有開血壓或心臟藥物(例如 water pills)給你或敝子女服		
	用?		
	Is your doctor currently prescribing drugs (for example, water pills) for you or		
	your child's blood pressure or heart condition?		
7.	是否有其他理由令你或敝子女不應進行體能活動?		<u> </u>
	Do you know of any other reason why you or your child should not do physical		
	activity?		
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115X 	如上述其中一項答案屬「是」,應請教你的醫生的意見,方可劉	<i>学與活動</i>	<i>IJ °</i>
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ш.	you answer YES to one or more questions(s), please consult your doctor	ir betore	
an	rollments.		
<i>C11</i>	TOMMEMIS.		
本	人不希望在訓練程序及活動時被拍攝/錄影 I do not wish to be photographed		
	filmed during our training courses or programs.		
免	責聲明 Disclaimer	1	
本.	人或敝子女已明白及確實填寫報名表上各項內容,並聲明本人或敝子女之	健康狀況	元良
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好,適宜參加游泳小組。若於課程期間所引致任何傷亡、意外或財物之損失,*本人或敝*

通告負責人: 鄭君君老師

子女願自負責任。本人或敝子女已知悉並願意遵守報名須知及注意事項。

I have read and understand the information on the enrolment form and hereby certify that all information provided is accurate. I declare that the stated applicant is physically fit and able to participate in the swimming course. I hereby release and discharge the CHI YUN SCHOOL from any and all claims for injury, illness, death, loss or damage which I (or my child) may suffer as a result of participation in the above activities. I (or my child) agree to abide by all rules and regulations of the CHI YUN SCHOOL.

家長/監護人簽署

Parent/ Guardian Signature _