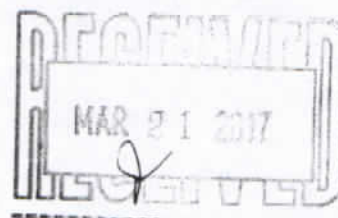




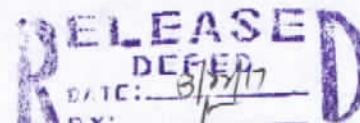
Republic of the Philippines
City of Dagupan
CITY MAYOR'S OFFICE

March 21, 2017

DR. FROSERFINA BRAVO
OIC Schools Division Superintendent
DEPED Dagupan
Dagupan City



Dear Dr. Bravo,



Dagupan City Sports Commission would like to offer **FREE SUMMER SPORTS CLINIC** program to all Private and Public school students to give our **BATANG DAGUPENO** a venue to spend their summer days from through learning or enhance their talents in eleven (11) sports event. This program also aims to create sports awareness especially to the younger generation. The program will run from May 5-27, 2017.

In line with this, we would like to invite your institution to be a partner on this program by providing us required participants on different sports event. Please find attached schedule and requirements for each sports event.

The parent's consent and waiver form attached may be photocopied and will also be considered as the registration form for the said summer clinic. We wish to collect all registration forms for different sports event by April 21, 2017 through your Division Office.

We are hoping for your kind support on this project.

Thank you.

Sincerely yours,

Finnela T. Sim
FINNELA T. SIM

Dagupan City Sports Commission

Dist. of 7 -
II -
III -
IV -
V -
VI -



Mula sa **PAG-ASA'I PAGBABAGO.** itutuloy sa **UNLISERBISYO.**

Magtutungan po tayo!

Tel. Nos (075) 523-7606- 529-7493

HON. BELEN T. FERNANDEZ
City Mayor



DCSC
DAGUPAN CITY SPORTS COMMISSION

**DCSC SUMMER SPORTS CLINIC
MAY 5 - 27, 2017**

	SPORTS EVENT	NO. OF SESSIONS	PARTICIPANTS	TIME	VENUE
1	ARNIS	10 sessions	Ages 8-16 years old	MWF 8AM-10AM 10AM-12NN	DAGUPAN CITY ASTRODOME
2	GYMNASTICS	10 sessions	Ages 5-16 years old	MWF 8AM-10AM 10AM-12NN	DAGUPAN CITY ASTRODOME
3	WUSHU	10 sessions	Ages 12-16 years old	MWF 8AM - 10 AM 10AM -12NN	DAGUPAN CITY ASTRODOME
4	ATHLETICS	10 sessions	Ages 10-16 years old	MWF 8AM-10AM 10AM-12NN	DAGUPAN CITY ASTRODOME
5	BADMINTON	10 sessions	Ages 8-15 years old	TTHS 8AM - 10 AM 10AM - 12 NN	DAGUPAN CITY ASTRODOME
6	TABLE TENNIS	10 sessions	Ages 8-16 years old	TTHS 8AM - 10 AM 10AM - 12 NN	DAGUPAN CITY ASTRODOME
7	CHESS	10 sessions	Ages 7-16 years old	MON-FRI 8AM - 10 AM 10AM-12NN	DAGUPAN CITY LIBRARY
8	FOOTBALL	10 sessions	Ages 7-16 years old	MON-FRI 8AM - 10 AM 2PM - 4PM	BONUAN BOQUIG NHS
9	FUTSAL	10 sessions	Ages 12-16 years old Girls Only	MON-SAT 10AM - 12 AM 2PM - 4PM	DAGUPAN CITY NATIONAL HS COVERED COURT
10	ARCHERY	8 sessions	Ages 10-14 years old	MON TO FRI 8AM - 10 AM 10AM-12NN 1PM - 3PM	DAGUPAN CITY POOLSIDE
11	SWIMMING	10 sessions	Ages 7-15 years old	MON TO FRI 10AM-12NN 1PM-3PM	DAGUPAN CITY POOLSIDE



NAME: _____ BIRTHDATE: _____ AGE: _____

ADDRESS: _____

SCHOOL: _____ CONTACT NOS. _____

MEDICAL CERTIFICATE

TO BE FILLED UP BY GP/DOCTOR/MEDICAL PRACTITIONER

I, the undersigned, _____ Doctor of Medicine, certify that the above participant is physically fit and see no reason that he/she cannot take part in competitive or non-competitive sports activities.

Doctor's Stamp/License No.

Doctor's Signature: _____

Date: _____

This document is only valid for one year from the above date

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WAIVER WITH PARENTAL CONSENT

I, _____ of legal age. Married and resident of _____

do hereby certify that:

11. I am the parent/guardian of _____, _____ years of age and enrolled at _____
12. I hereby give consent to my son/daughter/ward to avail to the facilities of the Dagupan City for free and to train thereat with the Dagupan City Sports Commission Sports Program;
13. I undertake not to hold Dagupan City of any liability for any possible incident that may arise on account of the training;
14. I hereby undertake further to give support to my child in connection with the needs of the latter while on training; and
15. I declare that my child is physically fit to undergo sports training program.

Signed at Dagupan City, this ____ day _____, 2017.

SIGNATURE OF PARENT/GUARDIAN

ATTENDANCE:

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SPORTS EVENT : _____

DATE AND TIME SLOT : _____

Please submit forms at the City Poolside Dagupan City, for inquiry please contact :

The Secretariat: MS. MARIBELLE JIMENEZ -09083236022