



Republic of the Philippines



Region I
SCHOOLS DIVISION OFFICE

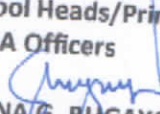
Dagupan City

Telefax No. (075) 515-6009

RELEASED
DATE: 7/24/17
BY: [Signature]

Division Memo No. 130, s. 2017

To : Assistant Schools Division Superintendent
Chiefs, CID and SGOD
Education Program Supervisors
Public Schools District Supervisor
School Heads/Principals, Public and Private Elementary and Secondary Schools
DCAA Officers

From :  LORNA G. BUGAYONG, CESO VI
Schools Division Superintendent

Date : July 24, 2017

Subject : Solidarity Meeting

1. There will be a solidarity meeting on July 27, 2017 (Thursday) at 1:30 PM at DepEd Division Training Center, Dagupan City.
2. The agenda will include the following:
 - a. DCAA Basketball and Volleyball Tournament
 - b. Official Entry Forms (see attached copy)
 - c. Others
3. The participants of the said meeting are the DCAA Officers, Officiating Officials & Coaches (Basketball and Volleyball) and PESS Coordinators from Public and Private Elementary and Secondary Schools.
4. The Dagupan City Sports Commissioners (DCSC) are invited to join the said meeting.
5. The cooperation and compliance of all concerned is highly requested.

Name of School/District

Event



2017 DAGUPAN CITY ATHLETIC ASSOCIATION MEET OFFICIAL ENTRY FORM

Instructions:

1. All entries must be in typewritten/print and in order their playing number.
2. Playing numbers must be printed at the lower left corner of the picture.

Full Name

Home Address

Place of Birth

Age

Year & Setion

Father's Name

Mother's Name

Adviser

Full Name

Home Address

Place of Birth

Age

Year & Setion

Father's Name

Mother's Name

Adviser

Full Name

Home Address

Place of Birth

Age

Year & Setion

Father's Name

Mother's Name

Adviser

Full Name

Home Address

Place of Birth

Age

Year & Setion

Father's Name

Mother's Name

Adviser

Full Name

Home Address

Place of Birth

Age

Year & Setion

Father's Name

Mother's Name

Adviser

Full Name

Home Address

Place of Birth

Age

Year & Setion

Father's Name

Mother's Name

Adviser

CERTIFIED TRUE AND CORRECT:

Signature Over Printed Name
(Coach)

Signature Over Printed Name
(School PESS Coordinator)

Signature Over Printed Name
Principal or Director)

APPROVED:

District Supervisor

Screening Committee



Republic of the Philippines
DEPARTMENT OF EDUCATION

(Region)
DAGUPAN CITY
(Division)

(School)

(School Address)



Date

PARENTAL CONSENT

I/We hereby willingly and voluntarily give consent the participation of my/our son/daughter _____ in the Division, Regional Meet and Palarong Pambansa.

I have considered the benefits that my son or daughter will derive from his/her participation in this activity provided that due care and precaution will be observed to ensure the comfort and safety of my son/daughter and that DepED employees and personnel may not be held responsible for any untoward incident that may happen beyond their control.

Signature of Father

Signature of Mother

Name of Father

Name of Mother

Signature of Guardian over Printed name

(Relationship with the Athlete)

Verified by :

Teacher-Adviser/School Head/Registrar



Republic of the Philippines
DEPARTMENT OF EDUCATION

↓
(Region)
Dagupan City
(Division)



(School)

(School Address)

MEDICAL CERTIFICATE

(Date)

To Whom It May Concern:

This is to certify that I have personally examined _____
Name
age _____ sex _____ born on _____ and have found that he/she is
physically fit, during the time of examination, to join and compete in the lower meets and
Palarong Pambansa.

Event: _____

Physical Examination

Date examined: _____
Height _____ Weight: _____ Blood Pressure _____
Pulse, Resting _____ Respiratory Rate _____
Other Remarks: _____

THERESA P. PARAYNO, M.D.

Physician/Medical Officer III
(Signature over printed name)

License No. 73306

PTR.: _____

Date: _____



Republic of the Philippines
DEPARTMENT OF EDUCATION

↓
(Region)
DAGUPAN CITY
(Division)

(School)

(School Address)

Palaro Form No. 005



CERTIFICATE OF ENROLMENT

Date: _____

To Whom It May Concern:

This is to certify that _____ has been
enrolled for the School Year _____.

Principal/School Head/Registrar
(Signature over printed name)

FOR PALARONG PAMBANSA ONLY