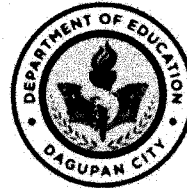


Republic of the Philippines
DEPARTMENT OF EDUCATION
 Region I
SCHOOLS DIVISION OFFICE
 DAGUPAN CITY



Division Memorandum No. 009 s. 2020

To: **Assistant Schools Division Superintendent
 Chiefs, CID and SGOD
 Education Program Supervisors
 Public Schools District Supervisors
 Principals/ School Heads
 DAA Officers
 Tournament Managers, Coaches, Asst. Coaches, Trainers, Official Chaperones**

RELEASED
 DEFER
 DATE: 1-15-2020
 BY: SPS
 M 0231

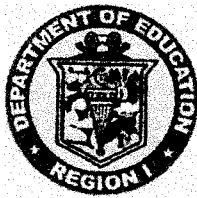
From: *Maria Celia Junio Fernandez*
MARIA CELIA JUNIO FERNANDEZ EdD, MDM-SEC
 Schools Division Superintendent *Clum*

DEPED RECEIVED
 DATE: 1-15-2020
 TIME: 2:55
 REYNANTE B. INFANTE
 IT OFFICER

Subject: **Region I Athletic Association (R1AA) MEET 2020**

Date: **January 10, 2020**

1. The 2020 Region I Athletic Association (R1AA) Meet will be held on February 20-27, 2020 to be hosted by the Province of Pangasinan in partnership with the Schools Division Office I of Pangasinan. This activity is a fitting culmination of the Physical Education and School Sports Program as embodied in the K to 12 Curriculum and in compliance with the mandate set through Republic Act No. 10588, otherwise known as the Palarong Pambansa Act of 2013 or "An Act Institutionalizing the Palarong Pambansa and Appropriating Funds Therefore".
2. The Schools Division Office, DepEd Dagupan City in partnership with the City Government of Dagupan has released the final list of Dagupan City Athletic Delegation who will compete for the 2020 Region I Athletic Association Meet on the aforesaid date and venue.
3. All SDO officials, School Heads, Teachers and Parents/ Guardians are enjoined to extend full support and encouragement to our athletes and coaches for their trainings in order to prepare them to be physically and mentally ready for their journey towards sports excellence.
4. The official training schedule of all events shall be from January 20 to February 14, 2020. Attached to this memorandum is the list of training venues and assigned monitoring officials per sporting event.
5. Training of athletes shall be handled by DepEd coaches with the support of the Dagupan City Sports Commission (DCSC). School Heads are hereby enjoined to provide and design instructional interventions to cover lost contact hours of all athletes during the course of their training and actual participation to the R1AA.
6. Coaches are responsible for the preparation of all relevant documents of their athletes. Sample official R1AA 2020 forms are attached to this memorandum. Deadline for the submission of documents shall be on January 24, 2020 at the SGOD Office.
7. To ensure proper orientation of all concerned, there will be a general meeting of all delegation officials, tournament managers, coaches, and trainers on January 16, 2020 at 2:00 PM at the Division Training Center, DepEd Dagupan City. (List of participants to this meeting is attached.)
8. Service credits and Compensatory Time-Off (CTO) shall be granted to teachers and non-teaching personnel, respectively who will serve as delegation officials/ working committee members, trainers, coaches, asst. coaches, chaperones, and trainers during the conduct of R1AA.
9. Please be guided accordingly.

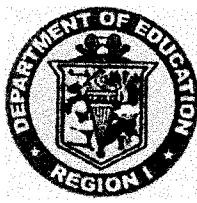


**2020 REGION I ATHLETIC ASSOCIATION MEET
DAGUPAN CITY DELEGATION OFFICIALS**

HON. MARC BRIAN LIM (City Mayor) – Honorary Head of Delegation
HON. DEAN BRYAN KUA (City Vice – Mayor) – Honorary Asst. Head of Delegation

HONORARY MEMBERS

HON. MA. LIBRADA FE M. REYNA	City Councilor
HON. CELIA C. LIM	City Councilor
HON. MICHAEL B. FERNANDEZ	City Councilor
HON. DENNIS C. CANTO	City Councilor
HON. MARVIN V. FABIA	City Councilor
HON. KARLOS LIBERATO E. REYNA IV	City Councilor
HON. CISCO JAY P. FLORES	City Councilor
HON. JOSE NETU M. TAMAYO	City Councilor
HON. LUIS M. SAMSON JR.	City Councilor
HON. TERESA T. COQUIA	City Councilor
HON. MARCELINO.D. FERNANDEZ	City Councilor
HON. JOSHUA BONBON F. BUGAYONG	City Councilor, Commissioner, DCSC
DR. VLADIMIR MATA	City Administrator
MR. CARLOS ALIPIO SERAFIN FERNANDEZ	Vice Chairman, DCSC
MR. ALEJANDRO JON CANSINO	Commissioner, DCSC
DR. CICEL REYNA	Commissioner, DCSC
MS. CATHERINE ESGUERRA	Commissioner, DCSC
MR. DENNIS CORDERO	Commissioner, DCSC
MR. FERRY RYAN FERNANDEZ	Commissioner, DCSC
DR. MARIA CELIA JUNIO- FERNANDEZ, MDM-SEC	Head of Delegation Schools Division Superintendent
DR. LOURDES D. SERVITO, CESO VI	Assistant Head of Delegation Assistant Schools Division Superintendent
DR. VENUS MARIA SM. ESTONILO	Chief ES, CID Assistant Head of Delegation
MARIA LINDA R. VENTENILLA	Chief ES, SGOD Assistant Head of Delegation
DR. MARISSA O. PEREZ	Delegation Supervising Official
MR. WILLY U. GUIEB	General Athletic Manager President – DAA



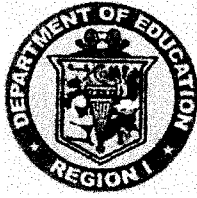
WORKING COMMITTEES

BILLETING COMMITTEE		TRAININGS, MONITORING AND EVALUATION COMMITTEE
RENATO BENITEZ	Chairperson	DAVID RESULTAY
SALOMI CANCINO	Co-Chairperson	ROCHELLE NOVALES
FIDEL TULIAO JR	Members	DR. VLADIMIR PARAYNO
MARIO CLAVERIA		ISAGANI ROSARIO
BERNARD ABRIGO		MARNELLI SONZA
DANNY BATO		DR. EDGAR TIMBOL

PARADE COMMITTEE		CEREMONIES/PROGRAMS/ CLERK OF COURSE
GARY DESOLOC	Chairperson	MA. RITA TERESA RINOZA
JOEL CEREZO	Co-Chairperson	REYNALDO CABUSI
ARIEL FERRERIA	Members	JENNIFER FESTEJO
ARNEL CENDANA		JERYLEE TOLENTINO
DENNIS SOLIS		
ALL COACHES/TRAINERS		

DISCIPLINE COMMITTEE BOYS		DISCIPLINE COMMITTEE GIRLS
MEDARLO DE LEON	Chairperson	VALENTINA HORTALEZA
STEPHEN BULOSAN	Co-Chairperson	LIDUVINA ANTONIO
REYMOND VILLARE	Members	JOSEPHINE LIWANAG
TEODORO SENTINELIAR		DR. HAYDEE MAIQUEZ
ALL COACHES		ALL COACHES

SCREENING & ACCREDITATION COMMITTEE		DOCUMENTATION & ID COMMITTEE
MARIBEL DIOLAZO	Chairperson	DR. BERNADETTE CASTRO
MARCIAL BAUTISTA	Co-Chairperson	CRISTOPHER AGUINALDO
CONRADO TORRES	Members	LEMUEL DINO VISPERAS
CINDY GANO		VERENA BAUTISTA
		JENNIFER PULIDO
		MINA FEALSTEAD
		CLEMENCE BELISARIO
		DOMINADOR BARONGAN
		DARREN BAUTISTA



Republic of the Philippines
DEPARTMENT OF EDUCATION
 Region I
 SCHOOLS DIVISION OFFICE
 DAGUPAN CITY

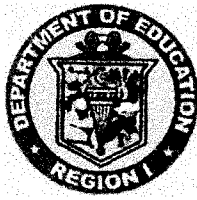


TRANSPORTATION COMMITTEE		COMMITTEE ON SAFETY AND SECURITY
JIMMY CANCINO	Chairperson	OLIVER FERRER
JOHN SILVESTER ALIPIO	Co-Chairperson	ISAMARJOE CAMPOS
JOSE TAPARO	Members	RONEL SALAZAR
REYNANTE CARRERA		JOSE CARDOZO
ALVIN BAUTISTA		REYNARDO BARROZO
TEDDY BENITEZ		DANTE UBANDO
TIMOTHY UGABAN		
SAMUEL CAYABYAB		

CLEANLINESS, SANITATION & BEAUTIFICATION COMMITTEE		SUPPLY COMMITTEE (SDO BANNER & UNIFORM)
DR. MARKCONI TAROMA	Chairperson	EDITHA LUNA
MARICRIS FERRER	Co-Chairperson	CLAIRE TAMAYO
RODANTE LLAMAS	Members	JOHN LESTER CRUZ
EDUARDO LANDINGIN		BERNARDITA AZURIN
MARY ANN CARRERA		EDWINA CARRERA
		ROEL UBANDO

MEDICAL, DENTAL & FIRST AID COMMITTEE		RESULTS GATHERING/ ENCODING/ POSTING/ ATTENDANCE
DR. THERESA PARAYNO	Chairperson	DR. RENATO SANTILLAN
DR. GIOVANNI ARAFILES	Co-Chairperson	MARISEL GATCHALIAN
NOREEN VIDAL	Members	MA. IMELDA INFANTE
GLENN ERICKSON BASTO		SHEZYDEE AGAS
TEODORO MANAOIS III		JOANN JIMENEZ
CHRISTIAN ESPIRITU		JOJILL BELTRAN
JANE SALAYOG		(Presenter/Announcer)
MARINA FESTEJO		MELMAR FERRER
GLORIA FLORES		(Presenter/Announcer)
EMILIO ZABALA	Chiropractic Therapist	

LEGAL COMMITTEE		SNACKS/MEALS COMMITTEE
ATTY. JOSE OVIEDO JR.	Chairperson	DR. AGAPE NABUA
MYREL ANGELICA LOPEZ	Co-Chairperson	JESSIE PEREZ
RENATO BENITEZ	Members	MILAGROS EMBUIDO
DR. EDGAR TIMBOL		CORAZON CEREZO
		ROMMEL EMBUIDO



FOOD COMMITTEE	
Supervising Officials	MARIA LINDA VENTENILLA / DR THERESA PARAYNO / CHRISTOPHER BUSTILLO / ANA MARIEL LOPEZ
Chairperson	DR. MARISSA O. PEREZ
Co-Chairperson	AGNES CALICDAN
KITCHEN STAFF	
Chief Cook	DR. ALMA FERNANDEZ
Assistant Chief Cook	VINYA ESCOSIO
Members	ARMILEAN VILLERAN
	BONNIBEL BATAOIL
	MARIBEL CONDE
	JONNABELLE POQUIZ
	DENNIS ABARABAR
	DANNY CAGUIOA
	EUNICKE BAUSTISTA
	BEDA DE VERA
	MARISA CATALAN
	JEZEL FABIA
	MC ROBERT QUINTO
	ROBERT CANLAS
MARFIL SOLANO	
MARKETING/BUDGETING	
Chairperson	CRISTINA AQUINO
Members	ROBET BRUCE DELA CRUZ
	PRINCESS ESGUERRA
	MARY ANN QUINTO
	MAY FLORENCE DE OCAMPO
	MARIO BANGSAL
	JHAY AR VALDEZ
	SERVING/DINING AREA
Chairperson	SYLVIA CLAVERIA
Members	VIRGINA SISON
	GIRLIE GALUPAR
	MANOLITA ORDONIO
	PERPETUA FLORES
	JOELYCA PASUQUEN
	DISHWASHING AREA
Chairperson	JUANCHO MAGSANO
Members	LARRY LAIGUE
	LEOPOLDO BANGSAL
	ROBERTO AQUINO
	ENRICO JOVELLANOS

**SDO-DAGUPAN CITY ATHLETIC DELEGATION
TRAINING VENUES AND MONITORING OFFICIALS**

R1AA 2020

February 20-27, 2020

Lingayen, Pangasinan

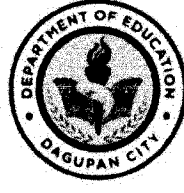
TRAINING PERIOD: January 20 - February 14, 2020

TRAINING DAYS: 20 TRAINING DAYS

EVENT	TRAINING VENUES	MONITORING OFFICIALS
ARCHERY	POOLSIDE AREA	JOEL CEREZO
ARNIS	ASTRODOME	MA. RITA TERESA RINOSA
ATHLETICS	BBES, NRSSC	RENATO BENITEZ
BADMINTON	ASTRODOME	ISAGANI ROSARIO
BASEBALL	BBES GROUNDS	DAVID RESULTAY
BASKETBALL	UL GYM	WILLY GUIEB
BILLIARDS	BILLIARDS HALL @ PINKIES	MARICRIS FERRER
BOXING	MALIMGAS MARKET	ISAMAR JOE CAMPOS
CHESS	CITY LIBRARY	LIDUVINA ANTONIO
DANCESPORT	WCES I	MARY ANN CARRERA
FOOTBALL	BBES GROUNDS	CHRISTOPHER AGUINALDO
FUTSAL	BBES GROUNDS	GARY DESOLOC
GYMNASTICS	ASTRODOME	MA. RITA TERESA RINOSA
PENCAK SILAT	WCES I	MARY ANN CARRERA
SEPAK TAKRAW	BBNHS GYM	MARNELLI SONZA
SWIMMING	DAGUPAN CITY POOLSIDE	ROCHELLE NOVALES
SOFTBALL	BBES GROUNDS	GARY DESOLOC
TABLE TENNIS	DCNHS	CRISTINA AQUINO
TAEKWONDO	ASTRODOME	ISAGANI ROSARIO
TENNIS	DCSC TENNIS COURT	RAYMOND STEPHEN BOLOSAN
VOLLEYBALL	ECIS, DCNHS	VLADIMIR PARAYNO
WRESTLING	MALIMGAS MARKET	EDGAR TIMBOL
WUSHU	MALIMGAS MARKET	EDGAR TIMBOL
SPED	WEST I AND POOLSIDE	MARISSA PEREZ



Republic of the Philippines
DEPARTMENT OF EDUCATION
 Region I
SCHOOLS DIVISION OFFICE
 DAGUPAN CITY



LIST OF PARTICIPANTS TO THE COLLABORATION MEETING ON JANUARY 16, 2020.

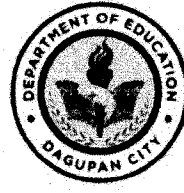
(Chairpersons of the different working committees/ Tournament Managers, Coaches, and Trainers)

DELEGATION OFFICIALS		
1	Dr. Maria Celia Junio-Fernandez	Schools Division Superintendent
2	Dr. Lourdes D. Servito	Assistant Schools Division Superintendent
3	Dr. Venus Maria SM. Estonilo	Chief-ES CID
4	Mam Maria Linda R. Venterilla	Chief-ES SGOD
5	Dr. Marissa O. Perez	EPS - SGOD
6	Willy Guieb	President DAA

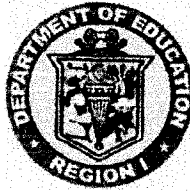
TOURNAMENT MANAGERS		
1	Jann Francis S. Diolazo	DCNHS
2	Dominic Velasco	SNHS
3	Romy De Guzman	BBNHS
4	Zenaida Bautista	DCNHS
5	Kenneth Carl Llamas	ECIS
6	Janis Ivan Palaganas	DCNHS
7	Antonio Bato	DCNHS
8	Philip Mendoza	CNHS
9	Veronica Zabala	WCES 1
10	James Arenas	ECIS
11	George Casilang	BBNHS
12	Araceli Nimer Carmela Bernal Roan Jett Fernandez	DCNHS DCNHS ECIS
13	Larry Bautista	WCES 1
14	Romualdo Ursua	JJDSTVSS
15	Chester Mark Malapit	PES
16	Cecillie Estrada	BBNHS
17	Joaquin Reyes	LFMES
18	Widmark Balmores	DCNHS
19	Maria Lolita Morga	DCNHS
20	George Ubando	BBNHS
21	Jun Agas Michael Henry Baltazar	DCNHS
21	Kevin Balmores	FNCIS
23	Marlene Mina	DCNHS
24	Jennifer Paras	WCES 1



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Region I
SCHOOLS DIVISION OFFICE
DAGUPAN CITY



TRAINERS		
1	Kyle Liandado	MGSSSI
2	John Francis Diolazo	DCNHS
3	Jeffrey Bosaes	DCSC
4	Dominic Velasco	SNHS
5	Mark Joseph Abrio	DCSC
6	James Dustin Coson	DCNHS
7	Cecille Estrada	BBNHS
8	Jeffrey Gatchalian	DCNHS
9	Romy De Guzman	DCNHS
10	Roland Canta	DCSC
11	Julius Jugo	PIS
12	Leslie Garcia	PIS
13	Ronald Canta	DCSC
14	Roverick Pacheco	SJCS
15	Maria Angelica Lopez	ECIS
16	Jerald Cayabyab	DCSC
17	Kenneth Llamas	ECIS
18	Gilmark Meneses	UL
19	Lawrence Najera	DCSC
20	Lovely Mae Maramba	JJDVSTVSS
21	Ronald Padilla	DCSC
22	Janis Ivan Palaganas	DCNHS
23	Crisanto Aquino	JJDVSTVSS
24	Jethru Yao	JJDVSTVSS
25	Alfredo Gutierrez	DCNHS
26	Jeff Macaranas	DCSC
27	German Francisco	DCSC
28	Eduardo Toledo	LA MAREA
29	Jordz Aljun Fernandez	DCNHS
30	Robert Aliguin	DCSC
31	Cristoni Eucapor	ECIS
32	Hassan Nur	DCSC
33	Teddy Cayabyab	PAMMA
34	Ambrosio Edades Jr.	DCSC
35	Vicky Soriano	VQZES
36	Araceli Nimer	DCNHS
37	John Paul Llana	DCSC
38	Carmela Bernal	DCNHS
39	Larry Bautista	Wces 1
40	John Vincent Singsing	DCSC
41	John Cave	PIS
42	Filemon Rivo	BBNHS
43	Marian Arzadon	ECIS
44	Mhay Ann Perez	BBNHS
45	Malvin Dacurong	DCSC

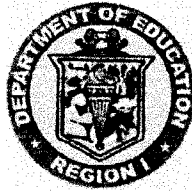


Republic of the Philippines
DEPARTMENT OF EDUCATION
Region I
SCHOOLS DIVISION OFFICE
DAGUPAN CITY

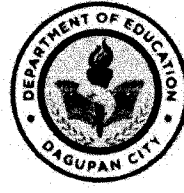


46	Romualdo Ursua	JJDVSTVSS
47	Rodel Diaz	DCSC
48	Benjoe Tirante	DCSC
49	Francis Micu	FCNIS
50	Maria Lolita Morga	DCNHS
51	Mark Wilson Fernandez	DCNHS
52	Eduardo Bince	DCSC
53	George Ubando	BBNHS
54	Paulino Balolong	DCNHS
55	Mimi Dacurong	DCSC
56	Jayza Almira Labis	LNU
57	Michael Henry Baltazar	DCNHS
58	Allan Jay Daligdig	DCNHS
59	Marie Joy Celestine Daligdig	BBNHS
60	Rheven Castro	DCNHS
61	Marlene Mina	DCNHS
62	Zephanie Ngaya	DCSC

CHAIRPERSONS OF THE WORKING COMMITTEES		
1	Renato Benitez	BBES
2	David Resultay	Lombay ES
3	Gary Desoloc	Lucao ES
4	Maria Rita Theresa Renoza	Bolosan ES
5	Medarlo De Leon	DCNHS
6	Valentina Hortaleza	WCES I
7	Maribel Diolazo	DCNHS
8	Dr. Bemadette Castro	BBNHS
9	Jimmy Cancino	Pantal ES
10	Oliver Ferrer	PGVES
11	Dr. Marconi Taroma	Carael NHS
12	Editha Luna	Sabangan ES
13	Dr. Theresa Parayno	SDO
14	Dr. Renato Santillan	Bacayao Sur ES
15	Atty. Joise Oviedo Jr.	SDO
16	Dr. Agape Nabua	Malued ES
17	Cristina Aquino	Salapingao NHS
18	Sylvia Claveria	Suit ES



Republic of the Philippines
DEPARTMENT OF EDUCATION
Region I
SCHOOLS DIVISION OFFICE
DAGUPAN CITY



COACHES		
1	Rowena Doria	VQZES
2	Mayolinda De Vera	PIS
3	Cherry Cayabyab	PIS
4	Micahel Charles Dacasin	SAGS
5	Beda Quinto	SUIT ES
6	Sheryll Ann Cacho	Lucao ES
7	Mary Jane Soriano	WCES I
8	Spiro Torres	Pantal ES
9	Maria Glenda Flores	VQZES
10	Kimberly Sugue	JCAI
11	Jaymartin Arcangel	MGSSI
12	Christine Pascua	ECIS
13	Marisol Prado	ECIS
14	Olivia Manois	CES
15	Elenita Cabotaje	WCES I
16	Fidel Tuliao	WCES II
17	Aiza Mae Maramba	WCES I
18	Rowena Doria	VQZES
19	Mayolinda De Vera	PIS
20	Micahel Charles Dacasin	SAGS
21	Beda Quinto	SUIT ES
22	Jerome Viare	ECIS
23	Jessa Dela Cruz	SJCS
24	Sheryl Ann Cacho	Lucao ES
25	Mary Jane Soriano	WCES 1
26	Maria Glenda Flores	VQZES
27	Christine Pascua	ECIS
28	Mirasol Prado	ECIS
29	Olivia Manaois	Carael ES
30	Elenita Cabotaje	WCES 1
31	Fedel Tuliao	WCES 11
32	Cristel Madel Bugarin	Mamalingling ES



Republic of the Philippines
DEPARTMENT OF EDUCATION

(Region)

DAGUPAN CITY

(Division)

EAST CENTRAL INTEGRATED SCHOOL

(School)

MAYOMBO, DAGUPAN CITY

(School Address)

CERTIFICATE OF ATTENDANCE

Date: OCTOBER 04, 2019

To Whom It May Concern:

This is to certify that **GANO, CINDY A.** has been
enrolled for the:
 2019-2020 current school year

This certification is being issued to attest that the learner has attended classes
up to this date.

 CHRISTINE C. PASCUA
Adviser
(Signature Over Printed Name)

 REYNARDO C. BARROZO
School Head/Registrar
(Signature Over Printed Name)

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)

Handwritten initials

Handwritten initials



Republic of the Philippines
DEPARTMENT OF EDUCATION

(Region)

DAGUPAN CITY

(Division)

EAST CENTRAL INTEGRATED SCHOOL

(School)

MAYOMBO DAGUPAN CITY

(School Address)

CERTIFICATE OF ATTENDANCE

Date: NOVEMBER 04, 2020

To Whom It May Concern:

This is to certify that **GANO, CINDY A.** has been
enrolled for the:

 2019-2020 current school year

 SECOND current semester.

This certification is being issued to attest that the learner has attended classes
up to this date.

MARK C. BRAGANZA

Adviser

(Signature Over Printed Name)

REYNARDO C. BARROZO

School Head/Registrar

(Signature Over Printed Name)

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)



Republic of the Philippines
DEPARTMENT OF EDUCATION
I
Region
DAGUPAN CITY
Division
EAST CENTRAL INTEGRATED SCHOOL
School
MAYOMBO DISTRICT, DAGUPAN CITY
School Address

OCTOBER 8, 2019
Date

CERTIFICATE OF COMMITMENT

I, CARIAGA, JOY N., of legal age, single/married/widow,
(Name of Chaperon)
Filipino citizen, and presently working as TEACHER III at
(Position)
EAST CENTRAL INTEGRATED SCHOOL, hereby commit myself to nurture
(Work Address)
the athletes of ATHLETICS GILRS ELEMENTARY, provided that due care and
(Name of Event)
precaution will be observed to ensure the comfort and safety of the athletes
until the last day in the Lower Meet up to the Palarong Pambansa.

That I will not interfere in the Coaching of our Team or Act as Coach of
the Athlete as it is not my responsibility to do so.

JOY N. CARIAGA
Signature over Printed Name of Chaperon

Verified:

REYNARDO C. BARROZO
School Head
(Signature Over Printed Name)

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)

Handwritten initials

Handwritten initials



I
 REGION
DAGUPAN CITY

DIVISION

ATHLETICS BOYS ELEMENTARY

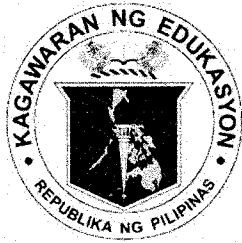
EVENT

Coach		COACH/ASST. COACH RECORD		Assistant Coach
		A. (CERTIFICATE OF TRAINING, RELEVANT COACHING EXPERIENCE)		
		B. APPOINTMENT (PUBLIC) / CONTRACT OF SERVICE (PRIVATE)		
		C. OMNIBUS AFFIDAVIT		
		D. MEDICAL CERTIFICATE		
ARZABAL, FELIPE P. EAST CENTRAL I/S		NAME SCHOOL		FAJARDO, CARMELITA A. PAO ELEMENTARY SCHOOL
Chaperon		A. CERTIFICATE OF COMMITMENT		
		B. MEDICAL CERTIFICATE		
CARIAGA, JOY N. BALAOAN CENTRAL SCHOOL		NAME SCHOOL		
athlete 1		A. AR (ATHLETE'S RECORD)		athlete 3
		B. ORIGINAL COPY OF PSA/NSO		
		C. SF 10 / FORM - 137		
		D. CERTIFICATE OF ATTENDANCE (for Palarong Pambansa Only)		
		E. PARENTAL CONSENT/AFFIDAVIT/SWORN STATEMENT OF ACTUAL CARE & CUSTODY		
		F. MEDICAL CERTIFICATE		
		G. DENTAL CERTIFICATE		
		H. DISABILITY ASSESSMENT (for PARAGAMES Only)		
		INTERVIEWED		
		NAME OF ATHLETE		
		LRN		
		DATE OF BIRTH		
		SCHOOL		
athlete 2		A. AR (ATHLETE'S RECORD)		athlete 4
		B. ORIGINAL COPY OF PSA/NSO		
		C. SF 10 / FORM - 137		
		D. CERTIFICATE OF ATTENDANCE (for Palarong Pambansa Only)		
		E. PARENTAL CONSENT/AFFIDAVIT/SWORN STATEMENT OF ACTUAL CARE & CUSTODY		
		F. MEDICAL CERTIFICATE		
		G. DENTAL CERTIFICATE		
		H. DISABILITY ASSESSMENT (for PARAGAMES Only)		
		INTERVIEWED		
		NAME OF ATHLETE		
		LRN		
		DATE OF BIRTH		
		SCHOOL		

NOTE:
PLEASE USE A4 SIZE COPY PAPER

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Handwritten initials



Republic of the Philippines
DEPARTMENT OF EDUCATION

(Region)

DAGUPAN CITY

(Division)

EAST CENTRAL INTEGRATED SCHOOL

(School)

MAYOMBO, DAGUPAN CITY

(School Address)

OCTOBER 04, 2019

Date

PARENTAL CONSENT

I/We hereby willingly and voluntarily give consent to the participation of my/our son/daughter **GANO, CINDY A.** in **ATHLETICS** in all School Sports Meets up to the Palarong Pambansa.

I/We have considered the benefits that my son or daughter will derive from his/her participation in this activity provided that due care, diligence and necessary precautions will be observed to ensure his/her health and safety.

Further, I/We authorize the personnel of Department of Education to collect, process, retain, and dispose of personal information of the above-mentioned athlete in accordance with the Data Privacy Act of 2012.

ROBERTO A. GANO

Signature of Father Over Printed Name

ALICE A. GANO

Signature of Mother Over Printed Name

Verified:

CHRISTINE C. PASCUA

Adviser
(Signature Over Printed Name)

REYNARDO C. BARROZO

School Head/Registrar
(Signature Over Printed Name)

Remarks:

Note:

Submit the necessary documents, i.e. Affidavit/Sworn Statement of Actual Care and Custody duly verified by the adviser and school head, in cases signature of parents are unavailable.

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)

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Republic of the Philippines
DEPARTMENT OF EDUCATION
 (REGION)
DAGUPAN CITY
 (DIVISION)
EAST CENTRAL INTEGRATED SCHOOL
 (SCHOOL)
MAYOMBO DAGUPAN CITY
 (School Address)

MEDICAL CERTIFICATE

To Whom It May Concern:

This is to certify that I have personally examined **GANO, CINDY A.** age _____

11 sex FEMALE and have found that he/she is physically fit unfit, Name

during the time of examination, to join and participate in the lower meets up to

Palarong Pambansa.

Event: **ATHLETICS BOYS ELEMENTARY**

Physical Examination

	School/Intrams/ District Meet	Unit/Division Meet	Regional Meet	Palarong Pambansa
	Normal	Normal	Normal	Normal
1. Eyes	YES NO	YES NO	YES NO	YES NO
2. Ears, Nose, Throat	YES NO	YES NO	YES NO	YES NO
3. Mouth and Teeth	YES NO	YES NO	YES NO	YES NO
4. Neck	YES NO	YES NO	YES NO	YES NO
5. Cardiovascular	YES NO	YES NO	YES NO	YES NO
6. Chest and Lungs	YES NO	YES NO	YES NO	YES NO
7. Abdomen	YES NO	YES NO	YES NO	YES NO
8. Skin	YES NO	YES NO	YES NO	YES NO
9. Genitalia-Hernia (male)	YES NO	YES NO	YES NO	YES NO
10. Musculoskeletal: ROM	YES NO	YES NO	YES NO	YES NO
a. neck	YES NO	YES NO	YES NO	YES NO
b. spine	YES NO	YES NO	YES NO	YES NO
c. shoulder	YES NO	YES NO	YES NO	YES NO
d. arms/hands	YES NO	YES NO	YES NO	YES NO
e. hips	YES NO	YES NO	YES NO	YES NO

f. thighs	YES NO	YES NO	YES NO	YES NO
g. knees	YES NO	YES NO	YES NO	YES NO
h. ankles	YES NO	YES NO	YES NO	YES NO
i. feet	YES NO	YES NO	YES NO	YES NO
11. Neuromuscular (reflexes)	YES NO	YES NO	YES NO	YES NO

School/Intrams/District Meet	Remarks/Findings:	Ht. _____ cm Wt. _____ kg BP: _____ mmHg PR: _____ bpm RR: _____ cpm Date: <input type="checkbox"/> FIT <input type="checkbox"/> UNFIT
Physician/Medical Officer <i>(signature over printed name)</i> PRC LICENSE: PTR NO. _____ Unit/Division Meet	Remarks/Findings: Ht. _____ cm Wt. _____ kg BP: _____ mmHg PR: _____ bpm RR: _____ cpm Date: <input type="checkbox"/> FIT <input type="checkbox"/> UNFIT	Physician/Medical Officer <i>(signature over printed name)</i> PRC LICENSE: PTR NO. _____ Regional Meet
Physician/Medical Officer <i>(signature over printed name)</i> PRC LICENSE: PTR NO. _____ Palarong Pambansa	Remarks/Findings: Ht. _____ cm Wt. _____ kg BP: _____ mmHg PR: _____ bpm RR: _____ cpm Date: <input type="checkbox"/> FIT <input type="checkbox"/> UNFIT	Physician/Medical Officer <i>(signature over printed name)</i> PRC LICENSE: PTR NO. _____

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)

Handwritten initials



DEPARTMENT OF EDUCATION
 |
 (Region)
DAGUPAN CITY
 (Division)
EAST CENTRAL INTEGRATED SCHOOL
 (School)
MAYOMBO DAGUPAN CITY
 (School Address)

This form must be completed and signed by the parent/guardian, prior to the physical examination, for review by examining practitioner. Explain 'YES' answers in the REMARKS.	YES NO	REMARKS
26. Have you ever used an inhaler or taken asthma medicine?	YES NO	
27. Do you develop a rash or hives when you exercise?	YES NO	
28. Were you born without or are you missing kidney, an eye, a testicle (males) or any other organ?	YES NO	
29. Do you have groin pain or painful bulge or hernia in the groin area?	YES NO	
30. Have you ever had Dengue hemorrhagic fever infection?	YES NO	
31. Do you have any rashes, pressure sores or other skin problems?	YES NO	
32. Have you ever had a head injury or concussion?	YES NO	
33. Have you ever had a hit or blow to the head that caused confusion prolonged headache or memory problem?	YES NO	
34. Have you ever had a history of seizure (convulsion)?	YES NO	
35. Do you have headaches with exercise?	YES NO	
36. Have you ever had numbness, tingling or weakness in your arms or legs after being hit or falling?	YES NO	
37. Have you ever been unable to move your arms or legs after being hit or falling?	YES NO	
38. Have you ever become ill after exercising in the heat?	YES NO	
39. Do you get frequent muscles cramps when exercising?	YES NO	
40. Have you had any problems with your eyes or vision?	YES NO	
41. Have you had any eye injuries?	YES NO	
42. Do you wear glasses or contact lens?	YES NO	
43. Do you wear protective eyewear such as goggles or face shield?	YES NO	
44. Do you have any concerns that you would like to discuss with a doctor?	YES NO	
45. Have you ever recieved dengvaxia vaccine ? If Yes, how many dose?	YES NO	
46. Do you have G6PD (Glucose 6 Phosphate Dehydrogenase) condition?	YES NO	
FEMALES ONLY		
47. Have you ever had a menstrual period?	YES NO	
48. Have you ever had mestrual cramps?	YES NO	
49. How old were you when you had your first menstrual period?		
50. How many menstrual periods have you had in the last year?		

NOTES:

I do not know of any existing physical or addition health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in the athletic activities.

ROBERTO A GANO

 Parent/Guardian Signature over Printed Name

CINDY A GANO

 Athlete Signature over Printed Name

OCTOBER 08, 2019

 Date

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DEPARTMENT OF EDUCATION

(Region)

DAGUPAN CITY

(Division)

EAST CENTRAL INTEGRATED SCHOOL

(School)

MAYOMBO DAGUPAN CITY

(School Address)

Athlete's Name: **GANO, CINDY A.**

Birthdate: **NOVEMBER 26, 2007**

Date of Examination: **OCTOBER 08, 2019**

MEDICAL HISTORY

This form must be completed and signed by the parent/guardian, prior to the physical examination, for review by examining practitioner. Explain 'YES' answers below with number of the question.		
GENERAL QUESTIONS	YES NO	REMARKS
1. Has a doctor ever denied or restricted your participation in sports for any reason or told you to give up sports?	YES NO	
2. Do you have an ongoing medical condition (like diabetes, asthma, anemia, infarctions, allergy)?	YES NO	
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	YES NO	
4. Do you have allergies to medicines, pollens, foods or stinging insects?	YES NO	
5. Have you ever spent the night in a hospital?	YES NO	
6. Have you ever had surgery?	YES NO	
HEART HEALTH QUESTIONS ABOUT YOU		
7. Have you ever passed out or nearly passed out DURING exercise?	YES NO	
8. Have you ever passed out or nearly passed out AFTER exercise?	YES NO	
9. Have you ever had discomfort pain, tightness or pressure in your chest during exercise?	YES NO	
10. Does your heart race or skip beats (irregular beats) during exercise?	YES NO	
11. Has a doctor ever ordered a test for your heart? (ECG/EKG, echocardiogram, stress test)	YES NO	
12. Do you get tightheaded or feel more short of breath than expected during exercise?	YES NO	
13. Have you ever had an unexplained seizure?	YES NO	
14. Do you get more tired or short of breath more quickly than your friends during exercise?	YES NO	
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
15. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden deaths before the age of 50 (including unexplained drowning, unexplained car accident, or sudden infant syndrome)	YES NO	
16. Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?	YES NO	
BONE AND JOINT QUESTIONS		
17. Have you ever had an injury, like sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game?	YES NO	
18. Have you had any broken or fractured bones or dislocated joints?	YES NO	
19. have you ever had an injury that requires x-ray for neck instability?	YES NO	
20. Do you regularly use a brace or other assistive device?	YES NO	
21. Do you have a bone, muscle or joint injury that bothers you?	YES NO	
22. Do any of your joints become painful, swollen, feel warm or look red?	YES NO	
MEDICAL QUESTIONS		
23. Has a doctor ever told you that you have asthma or allergies?	YES NO	
24. Do you cough, wheeze, experience chest tightness, or have difficulty breathing during or after exercise?	YES NO	
25. Is there anyone in your family who has asthma?	YES NO	

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Republic of the Philippines
DEPARTMENT OF EDUCATION

(Region)
DAGUPAN CITY
(Division)
EAST CENTRAL INTEGRATED SCHOOL
(School)
MAYOMBO DISTRICT, DAGUPAN CITY
(School Address)

MEDICAL CERTIFICATE
(COACHES, ASSISTANT COACHES, CHAPERONE)

OCTOBER 08, 2019

(Date)

To Whom It May Concern:

This is to certify that I have personally examined CARIAGA, JOY N.
Name
age 39 sex FEMALE and have found that he/she is physically fit unfit, during
the time of examination, to join and participate in the lower meets up to Palarong Pambansa.

Event: ATHLETICS GILRS ELEMENTARY

Physical Examination

School/Intrams/District Meet _____ Physician/Medical Officer (signature over printed name) PRC LICENSE: PTR NO.	Remarks/Findings: Ht. _____ cm Wt: _____ kg BP: _____ mmHg PR: _____ bpm RR: _____ cpm	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT Date:
Unit/Division Meet _____ Physician/Medical Officer (signature over printed name) PRC LICENSE: PTR NO.	Remarks/Findings: Ht. _____ cm Wt: _____ kg BP: _____ mmHg PR: _____ bpm RR: _____ cpm	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT Date:
Regional Meet _____ Physician/Medical Officer (signature over printed name) PRC LICENSE: PTR NO.	Remarks/Findings: Ht. _____ cm Wt: _____ kg BP: _____ mmHg PR: _____ bpm RR: _____ cpm	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT Date:
Palarong Pambansa _____ Physician/Medical Officer (signature over printed name) PRC LICENSE: PTR NO.	Remarks/Findings: Ht. _____ cm Wt: _____ kg BP: _____ mmHg PR: _____ bpm RR: _____ cpm	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT Date:

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)

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AFFIDAVIT/SWORN STATEMENT OF ACTUAL CARE AND CUSTODY

I **DELA CRUZ, MARTA C.**, resident of **MAYOMBO, DAGUPAN CITY**, of legal age, Filipino state that:

1. I have the actual care and custody of minor child **DELA CRUZ, JUANA C.**, who is my **NIECE** (filial relationship to the child, if any).
2. I further state that the actual care and custody was vested upon me since **BIRTH** because

- _____ both parents of the minor child died;
- _____ the known parent died; (Proof - Death Certificate)
- _____ both parents are unknown. (Proof - Certificate of Foundling)
- _____ other scenario in cases one or both parent cannot sign the necessary Parental Consent form;

3. As the actual caretaker and custodian of the minor child, I hereby willingly and voluntarily give consent to the participation of the minor child in the school sports athletic meets which includes, but not limited to Division Meet, Regional Meet and Palarong Pambansa.
4. I have considered the benefits that the minor child will derive from the participation in these activities provided that due care and precaution shall be observed to ensure the comfort and safety of the minor child.
5. I hereby acknowledge that Department of Education, its management, personnel, employees and agent may not be held responsible for any untoward incident which is beyond their control.

IN WITNESS THEREOF, I have hereto affixed my signature this **4th day of OCTOBER 2019** in **DAGUPAN CITY**.

MARTA C. DELA CRUZ
Printed Name over Signature

Verified:

CHRISTINE C. PASCUA
Adviser
(Signature Over Printed Name)

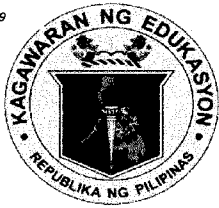
REYNARDO C. BARROZO
School Head/Registrar
(Signature Over Printed Name)

SUBSCRIBED AND SWORN to me this _____ by _____ in _____ who I have identified through his/her competent proof of identification.

NOTARY PUBLIC

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)

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Republic of the Philippines
DEPARTMENT OF EDUCATION

Region
DAGUPAN CITY
Division

DENTAL HEALTH RECORD

Latest 1½ x 1½ picture

Name: GANO, CINDY A.
Age: 11 Sex: MALE Birth Date: 26/11/2007
Event: ATHLETICS GIRLS ELEMENTARY
Parent/Guardian: ALICIA C. ARENAS

CONDITION AND TREATMENT NEEDS																				
CONDITION	RIGHT	55	54	53	52	51	61	62	63	64	65	LEFT								
TEMPORARY TEETH																				
		18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28		PERMANENT TEETH	
																			CONDITION	
																			TREATMENT NEEDS	
TEMPORARY TEETH																				
CONDITION	RIGHT	85	84	83	82	81	71	72	73	74	75	LEFT								

YEAR LEVEL	REMARKS
DATE	
EXAMINATION	
SEALANT (G)	
PERMANENT FILLING	
ART	
EXTRACTION	
ORAL PROPHYLAXIS	
REFERRAL	
OTHER ORAL	
TREATMENT	

- SYMBOLS FOR MOUTH EXAMINATION**
- X - TOOTH INDICATED FOR EXTRACTION
 - F - TOOTH INDICATED FOR FILLING
 - HEAVY - TOOTH WITH TEMPORARY SHADE FILLING
 - RC - RECURRENT CARIES
 - RF - ROOT FRAGMENT
 - M - MISSING TOOTH
 - DU - DECUBITAL ULCER
 - MAL - MALOCCLUSION
 - FLU - FLUOROSIS
 - Gn - NORMAL
 - Gm - MODERATE GINGIVITIS (1-2 QUADRANTS)
 - Gs - SEVERE GINGIVITIS (3-4 QUADRANTS)
 - CMR - COMPLETE MOUTH REHAB
 - (√) - SOUND ERUPTED PERMANENT TOOTH
- SYMBOLS FOR ACCOMPLISHMENT**
- XT - EXTRACTED PERMANENT TOOTH
 - xt - EXTRACTED TEMPORARY TOOTH
 - Am - AMALGAM FILLING
 - Com - COMPOSITE FILLING
- ARTIFICIAL RESTORATION**
- JC - JACKET CROWN
 - I - INLAY
 - OP - ORAL PROPHYLAXIS
 - ZOE - ZINC OXIDE UEGENOL FILLING
 - TF - TEMPORARY FILLING
 - R - REFERRED TO PRIVATE DENTIST
 - UN - UNERUPTED TOOTH

District Meet	Remarks/Findings: WITH THIRD MOLAR: <input type="checkbox"/> YES <input type="checkbox"/> NO QUALIFIED TO PARTICIPATE: <input type="checkbox"/> YES <input type="checkbox"/> NO	REFERRED FOR DENTAL TREATMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO
DENTIST <i>(signature over printed name)</i>		
PRC: LICENSE: PTR# Date Examined:		
Division Meet	Remarks/Findings: WITH THIRD MOLAR: <input type="checkbox"/> YES <input type="checkbox"/> NO QUALIFIED TO PARTICIPATE: <input type="checkbox"/> YES <input type="checkbox"/> NO	REFERRED FOR DENTAL TREATMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO
DENTIST <i>(signature over printed name)</i>		
PRC: LICENSE: PTR# Date Examined:		
Regional Meet	Remarks/Findings: WITH THIRD MOLAR: <input type="checkbox"/> YES <input type="checkbox"/> NO QUALIFIED TO PARTICIPATE: <input type="checkbox"/> YES <input type="checkbox"/> NO	REFERRED FOR DENTAL TREATMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO
DENTIST <i>(signature over printed name)</i>		
PRC: LICENSE: PTR# Date Examined:		
Palarong Pambansa	Remarks/Findings: WITH THIRD MOLAR: <input type="checkbox"/> YES <input type="checkbox"/> NO QUALIFIED TO PARTICIPATE: <input type="checkbox"/> YES <input type="checkbox"/> NO	REFERRED FOR DENTAL TREATMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO
DENTIST <i>(signature over printed name)</i>		
PRC: LICENSE: PTR# Date Examined:		

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)

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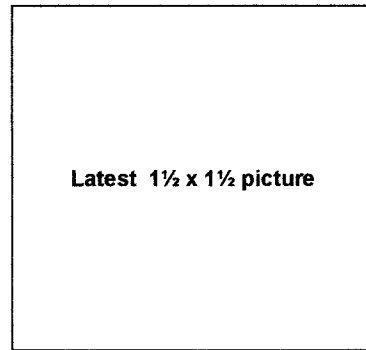
AR (ATHLETE RECORD)

I

 Region

 DAGUPAN CITY

 Division



A. PERSONAL DATA:

Name: **GANO** **CINDY** **A.**
(Last) (First) (M.I.)

Sex: FEMALE Learner Reference Number (LRN) 100600123456 Contact Number 0903 123 4567

Date of Birth: (mm/dd/yyyy) 16/11/2007 Age: 11 Place of Birth: DAGUPAN CITY

School: EAST CENTRAL INTEGRATED SCHOOL Grade Level: 6

Address of School: MAYOMBO DAGUPAN CITY

Present Address: MAYOMBO DAGUPAN CITY

Parents: **ROBERTO R. ARENAS** **ALICIA C. ARENAS**
Fathers Name Mother/Guardian

Address of Parents/Guardian: MAYOMBO DAGUPAN CITY

B. Participation in the previous Palarong Pambansa. Yes / No ___ If Yes, kindly fill up the table below

Year of Participation	Sports Event	Venue	Remarks
2019	ATHLETICS	DAVAO CITY	SILVER

C. Athlete's Participation in the Lower Meets (For the Current School Year)

Inclusive Dates	Sports Event	Athletic Meet	Remarks
OCTOBER 10-11, 2019	ATHLETICS	DISTRICT MEET	GOLD
DECEMBER 08-13, 2019	ATHLETICS	DIVISION MEET	GOLD
FEBRUARY 15-20, 2020	ATHLETICS	REGIONAL MEET	GOLD

(Use separate sheet if necessary)

CINDY A. GANO
Athlete's Signature over Printed Name

D. Certification on Athlete's Participation

This is to certify that based on our knowledge, the above-mentioned athlete has participated in the lower meets.

Meet	Name and Signature of Coach	Name and Signature of Division Sports Officer (DSO)	Name and Signature of Regional Sports Officer (RSO)
DISTRICT MEET	JAMES C. ARENAS		
DIVISION MEET	JAMES C. ARENAS		P
REGIONAL MEET	JAMES C. ARENAS		

(Use separate sheet if necessary)

Screened by:

Division Meet

Regional Meet

Palarong Pambansa

(Signature of DSAC over Printed Name)

(Signature of RSAC over Printed Name)

(Signature of NSAC over Printed Name)

Date: _____

Date: _____

Date: _____

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)

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