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2023-6755

Department of Concation

Michael of Malaybalay (ITY

DIVISION MEMORANDUM

No. <u>040</u>, s. 2023

DM-2023-62-640 DEPET MALAYBALAY CITY DIVISION RELEASED

FEBTE 6 2023 ime:

By: Khuonder

TO

: Assistant Schools Division Superintendent

Chief Education Supervisors, CID and SGOD

Public Schools District Supervisors

District Sports Coordinators

Elementary and Secondary School Heads

Private/SUC Sports Coordinators

All Others Concerned

This Division

FROM

: VICTORIA V. GAZO, PhD, CESO V

A Schools Division Superintendent

DATE

: February 3, 2023

SUBJECT: 2023 DIVISION SELECTION MEET

- 1. The Department of Education, Division of Malaybalay City through the School Governance and Operations Division (SGOD) in cooperation with the Curriculum Implementation (CID) and the Office of the Schools Division Superintendent (OSDS), announces the holding of the 2023 Division Selection Meetin February 24-26, 2023.
- 2. The division selection sports activity aims to achieve the following:
 - a. Select qualified athletes to represent our division to the Palarong Pampook;
 - b. Promote the value of sportsmanship during the games; and
 - c. Foster teamwork and camaraderie among the participants.
- 3. The cut-off age for athletes in the elementary level is 13 years old or must have been born on or after January 1, 2010, while in the secondary level is 18 years old or must have been born on or after January 1, 2005.
- 4. It is always the advocacy of the Division to develop hidden potentials/talents/skills of learners particularly in sports but considering the limited resources,



Addiness: Sayne Wi-way, Punck G, Casinang, Malaybalay City Telefax No.: 988-314-9864; Telephone No.: 988-813-1246 Rmail Addiness: <u>malayhalay pity@daned.cov.ob</u>





Republic of the Philippines

Department of Education

REGION X - NORTHERN MINDANAO DIVISION OF MALAYBALAY CITY

it is highly encouraged to identify and select focus sports (single/doubles and limited group events) where they can confidently compete and advance to the next level.

5. The following are the required documents to be submitted by the athletes and coaches who intend to participate in the palaro:

Athletes:

- a. Athlete's Record
- b. Original copy of PSA/NSO Birth Certificate
- c. Learner's Permanent Academic Record (SF 10/Form 137) with LRN (certified true copy from the original duly signed by thee Teacher Adviser and Registrar/School Head).
- d. Certificate of Completion
- e. Parental Consent

Non-Combative Sports - parental consent of at least one parent duly verified by the school head.

Combative Sports including Gymnastics - parental consent signed by both parents duly verified by the school head.

- f. Medical Certificate issued within three ((3) months
- g. Dental Certificate with a universal entry, issued within six (6) months

Coaches:

- a. Employment/Appointment paper or Contract of Service showing at least six (6) months
- b. Medical records
- c. License or Certifications/Accreditation
- d. Membership in any relevant sports association
- e. Track record of participation in the division and regional meet
- f. Relevant experience of one (1) year for non-combative sports and two (2) years for combative sports/gymnastics
- g. Relevant sports training of twenty-four (24) hours for non-combative sports and forty (40) hours for combative sports/gymnastics
- The list of sports event to be contested and the Technical/Tournament 6. officials/Event Managers and playing venues shall be released in the next issuance.
- Rosalio P. Arangco, Should there queries, contact 7. be Education Program Supervisor, SGOD at 0917 159 4825.



Address: Sayre Hi-way, Purok 6, Casisang, Malaybalay City Telefax No.: 088-314-0094; Telephone No.: 088-813-1246 Email Address: malaybalay.city@deped.gov.ph



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TO TO THE PARTY OF	X-Northern Mind Region	anao		st 1½ x 1½ pict	
	Division			1/2 A 1/2 pioc	
A. PERSONAL DATA: Name:					
_	(Leet)		(Fist)		(VCT)
	Learner Reference Nu		*******		
				Place of Birth:	
Address of School:			Alliete	Athlete's Contact No.	
Home Address:			· · · · · · · · · · · · · · · · · · ·		
D	·				
-· Parents:	Fathers Name		-	Mother/Guardian	
Address of Parents:					
3. Athlete's Participation in		mpetition			
Inclusive Dates	Sports Event		Athletic Mee		Remarks
			·		
				<u> </u>	
'Use separate sheet if necessary)					
			·	Athlete's Signetu	
C. Athlete's Participation				Athere's Signati	// U
This is to certify that based	I on our knowledge the	shove me	antioned athle	de hae narticina	etad
n the lower meets.	on our miowicege are	20010-111		to the percept	
Athletic meet	Name of Coach	, ,	Signature	Division SGOD (Chief/Sports Coo
			*	<u> </u>	······································
<u> </u>					
· 	L			<u> </u>	
Screened by:					
Division Meet			Regi	onal Meet	
(Signature over Pr	inted Name)		_	(Signature over P	rinted Name)
Date:			Date	:	·



Republic of the Philippines DEPARTMENT OF EDUCATION

Region X

Division





CERTIFICATE OF COMPLETION

	Date:
To Whom It May Concern:	
This is to certify that	with LRN
as completed the Grade(Elementary Secondary Level) for School Year
	Dringing/Cahoat Hood/Daviston
	Principal/School Head/Registrar

FOR PALARONG PAMBANSA ONLY



Republic of the Philippines Department of Education	
(Region)	

(Region)	
(Division)	

PARENTAL CONSENT

I/We hereby willingly	I/We hereby willingly and voluntarily give consent the participation of my/our son/daughter in the lower meets up to the Palarong Pambansa.		
in this activity provided that	t due care and pr nd that DepED em	son or daughter will derive from his/her precaution will be observed to ensure the apployees and personnel may not be held resid their control.	comfort and
Signature of Father		Signature of Mother	-
Name of Father		Name of Mother	-
	Signature of Guar	dian over Printed name	
	(Relationship	with the Athlete)	
Verified by:			
Class Adviser (Signature over printed name	 :)		
		School Head / Registrar	



Republic of the Philippines Department of Education
(Region)
(Division)

MEDICAL CERTIFICATE

		(Date)	
To Whom It Ma	y Concern:		
This is to	certify that I have person	ally examined	age
		Name	
sex	_born on	and have found that he/she is ph	ysically fit,
during the time o	f examination, to join and	d compete in the lower athletic meets and the	Palarong
Pambansa.			
Event:			
Event.			
Physical Exami	nation		
Date examined:			
Height	Weight:	Blood Pressure	
Pulse, Resting Other Remarks:		Respiratory Rate	<u> </u>
			- -
		Physician/Medical Officer	
		(Signature over printed name)	
		License No.	
		PTR.:	



Republic of the Philippines DEPARTMENT OF EDUCATION

X-Northern Mindanao

BUKIDNON

Latest 1½ x 1½ picture

DENTAL HEALTH RECORD

Name:			
Age: 16 Sex	MALE Birth Date November	09, 2000	
Event:			
Coach:			Date
	<u> </u>	Consulared 1	
сомого Сфиципри Анр та	KEATMENTINEEDS	GINGIVITIS PERIODONTAL	
RIGHT 55 54 53 52 51		DISEASE	
TEMPORARY TEETH		MALOCCLUSION	
		SUPERNUMER	
		ARY TOOTH	
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	MINICIOLO DE PERMANENT TEET	DECUBITAL ULCER	
48 47 46 45 44 43 42 41		CALCULUS	
	CONDITION	CLEFT PALATE	
	TREATMENT NEEDS	ROOT FRAGMENT	
TEMPORARY TEETH		FLUOROSIS	
RIGHT 85 84 83 82 81	71 72 73 74 75 LEFT	OTHERS (Specify)	
CONDITION			
		r-	
			DATE OF VISIT
YEAR LEVEL	REMARKS	TEMPORARY TEETH	
OATE		INDEX D.F.T.	
EXAMINATION		NO. T /DECAYED	
SEALANT (GI)		NO. T/ FILLED	- - - - - - - - - - - - - -
PERMANENT FILLING	 	TOTAL D.F.T.	
ART EXTRACTION	 	TEMPORARY TEETH	
ORAL PROPHYLAXIS	 - - - - - -	INDEX D.F.T.	
REFERRAL		NO. T/DECAYED	
OTHER ORAL TREATMENT		NO. T/MISSING	
Office Of the Strains		NO. T/ FILLED	
	<u> </u>	TOTAL D.F.T.	
		TOTAL SOUND TEETH	
		<u> </u>	
SYMBOLS F	OR MOUTH EXAMINATION	SYMBOLS FOR AC	COMPLISHMENT
X - TOOTH INDICATED	DU - DECUBITAL ULCER	XT - EXTRACTED	PERMANENT TOOTH
FOR EXTRACTION	MAL - MALOCLUSSION		TEMPORARY TOOTH
		Am - AMALGAM F	
F - TOOTH INDICATED	FLU - FLUOROSIS		
FOR FILLING	Go - NORMAL	Com - COMPOSITE	; FILLING
HEAVY - TOOTH WITH TEMPORARY	Gm - MODERATE GINGIVITIS		
SHADE FILLING	(1-2 QUADRANTS)	ARTIFICIAL R	ESTORATION
RC - RECURRENT CARIES	Gs - SEVERE GINGIVITIS	JC - JACKET CR	OWN
RF - ROOT FRAGMENT	(3-4 QUADRANTS)	I - INLAY	
M - MISSING TOOTH	CMR - COMPLETE MOUTH REHAB	OP - ORAL PROF	'HYLAXIS
	(√) - SOUND ERUPTED PERMANENT	ZOE - ZINC OXIDE	UEGENOL FILLING
	TOOTH	TF - TEMPORAR	Y FILLING
			TO PRIVATE DENTIST
		UN - UNERUPTE	
		OH - UND/OFIE	u iVVIII
Division Meet	Remarks/Findings:		
	_		
DENTIST			
(signature over printed name)		· · · · · · · · · · · · · · · · · · ·	
PRC: LICENSE:	Date Examined:		
Regional Meet	Remarks/F <u>indings:</u>		

DENTIST (signature over printed name)

DENTIST (signature over printed name)

PRC: LICENSE:

PRC: LICENSE:

Palarong Pambansa

Date Examined:

Date Examined:

Remarks/Findings:



Department of Education		
(Region)		
(Division)		

CERTIFICATE OF EMPLOYMENT

(for Public Schools/DepED Personnel)

	Date:	
To Whom It May Concern:	·	
This is to certify that Mr./Ms.		is
presently employed in	as	, since
or for a period of	•	
This certification is issued to coach in the	-	-
Palarong Pambansa 20_ at		ets and the



REGION

X

Division



EVENT

	EVENT	FOR PALARONG PAMBANSA USE O
	CERTIFICATE OF EMPLOYMENT	
	AFFIDAVIT / SWORN STATEMENT	
Ì	PERSONAL DATA SHEET	
Canal	MEDICAL CERTIFICATE	1
Coach	TRAINING CERTIFICATE	Assistant Coach/Chaperon
	NAME	
	CONTACT NUMBER	
	DATE OF BIRTH	
· · · · · · · · · · · · · · · · · · ·	SCHOOL	
	AR-1	
ID Dietare	N S O FORM - 137	15 Bintun
ID Picture	CERTIFICATE OF ENROLMENT	ID Picture
1.5. X 1.5	CERTIFICATE OF COMPLETION	15 715
white with nametag	PARENTAL CONSENT	1.5. X 1.5 white with nametag
white with nametag wearing orange jacket	MEDICAL CERTIFICATE	white with nametag wearing orange jacket
meaning orange jacker	DENTAL CERTIFICATE	wearing crange jacker
 	INTERVIEWED	
	NAME OF ATHLETE	<u> </u>
	LRN NO.	
 	CELL/CONTACT NUMBER	
	DATE OF BIRTH	
	SCHOOL	
	AR - 1	
	NSO	
Ì	FORM - 137	
ID Picture	CERTIFICATE OF ENROLMENT	ID Picture
1.5. X 1.5	CERTIFICATE OF COMPLETION	1.5. X 1.5
white with nametag	PARENTAL CONSENT	white with nametag
wearing orange jacket	MEDICAL CERTIFICATE	wearing orange jacket
weating triange jacker	DENTAL CERTIFICATE	Weating Grange Jacket
	INTERVIEWED	
	NAME OF ATHLETE	
	LRN NO.	
	CONTACT NUMBER	
	DATE OF BIRTH	
	SCHOOL	
		
	AR - 1	
iD Picture	NSO	ID Picture
1.5. X 1.5	FORM - 137	1.5. X 1.5
white with nametag	CERTIFICATE OF ENROLMENT	white with nametag
wearing orange jacket	CERTIFICATE OF COMPLETION	wearing orange jacket
	PARENTAL CONSENT	
	MEDICAL CERTIFICATE	
	DENTAL CERTIFICATE	
	INTERVIEWED	
	NAME OF ATHLETE	
	LRN NO.	
		<u> </u>
	CONTACT NUMBER	
	CONTACT NUMBER DATE OF BIRTH	