



2024-89925

Republic of the Philippines
Department of Education
REGION X - NORTHERN MINDANAO
DIVISION OF MALAYBALAY CITY

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DEPED MALAYBALAY CITY DIVISION
RELEASED
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BY: [Signature]

DIVISION MEMORANDUM

No. 064, s. 2024

TO : Assistant Schools Division Superintendent
Chief Education Supervisors, CID and SGOD
Public Schools District Supervisors
Public/Private Elementary and Secondary School Heads
All Others Concerned
This Division

FROM : CHERRY MAE L. LIMBACO-REYES, PhD, CESO V
Schools Division Superintendent

DATE : February 12, 2024

SUBJECT : GUIDELINES ON THE ELIGIBILITY OF ATHLETES, COACHES,
ASSISTANT COACHES AND CHAPERONS IN THE DIVISION,
PROVINCIAL, REGIONAL AND PALARONG PAMBANSA 2024

1. Relative to the conduct of the 2024 Division and Provincial Selection Meet scheduled on **February 28- March 2, 2024 (Division Selection Meet)** and **March 21-22, 2024 (Provincial Selection Meet)** respectively, the field is hereby informed about the **Guidelines on the Eligibility of Athletes, Coaches, Assistant Coaches and Chaperons in the Division, Provincial, Regional and Palarong Pambansa 2024.**
2. For student-athletes in the **elementary level**, the athlete must have been **born on or after January 1, 2011**. For those in the **secondary level**, the athlete must have been **born on or after January 1, 2006**. Athletes born before said date shall be **immediately disqualified** from the School, Division, Regional Meet, and in the *Palarong Pambansa*.
3. For the Division/Provincial and lower meets, athletes with **three or more failing grades** in any learning areas in the First Grading Period shall be disqualified or shall not be allowed to play. For the Regional Meet and *Palarong Pambansa*, athletes with failing grades in three or more learning areas in the second grading period shall be disqualified.
4. Elementary athletes with 3rd molar tooth and those who are declared over age are also disqualified in participating the said sport events.



Address: Sayre Hi-way, Purok 6, Casisang, Malaybalay City
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DIVISION OF MALAYBALAY CITY

5. The following are the required documents to be submitted by the athletes who intend to participate in the *Palaro* and in the higher meets:

- a. **Athlete's Record (AR)**
- b. **Original Copy of Philippine Statistic Authority (PSA)/National Statistics Office (NSO) Birth Certificate**
- c. **Certified true copy from original or computer printed of Learner's Permanent Academic Record or SF 10 (Form 137) with entries of Learner Reference Number (LRN) duly signed by the Teacher-Adviser and Registrar or School Heads.**
- d. **Certificate of Enrolment and Attendance duly signed by the School Registrar or School Head**
- e. **Parental Consent**
(Combative sports, including gymnastics – Parental Consent signed, generally, by both parents duly verified by the school head where the athlete is enrolled).
(Non-combative sports – Parental consent of at least one parent duly verified by the school head where the athlete is enrolled).
- f. **Medical certificate issued within three (3) months**
- g. **Dental certificate with a universal entry issued within six (6) months (For Secondary Athletes, No Dental Certificate is required)**

6. Qualifications and Documentary Requirements for Coaches and Assistant Coaches:

- a. **Certificate of relevant sports training of twenty-four (24) hours for non-combative sports and forty (40) hours for combative sports/ gymnastics;**
- b. **Certificate of relevant experience of one (1) year for non-combative sports and two (2) years for combative sports/ gymnastics;**
- c. **Coach Track Record** of participation in the division and regional meet;
- d. **Educational or professional attainment of at least 2nd-year college, preferably sports-related course;**
- e. **Certificate of Membership in any relevant sports association; or License or certifications/ accreditation issued by the National/ International Sports Association, authorized organization, or by the DepEd (Division, Region, or Central Office);**
- f. **Medical Records (Medical Certificate of Fitness);**
- g. **Employment/Appointment Paper** or duly Notarized Contract of Service that shows **at least six (6) months of employment/engagement** in the public or private school before the Division meets; and
- h. **Omnibus Affidavit**



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7. **Qualification and Documentary Requirement for Chaperone.**

- a. Competence, integrity, capability, and relation to a school (i.e., **Employment/ Appointment or Contract of Service showing at least six (6) months** of employment/engagement in the public school or private school before the Division meets;
- b. **Commitment** that SHE will nurture female athletes only and shall not coach the athletes;
- c. **Physically fit**; for this purpose, a medical certificate is required;
- d. Other eligibility that the *Palaro* Board may require.

8. In case of discrepancy in the date of birth indicated in the PSA/NSO Birth Certificate and SF 10 (Form 137), **the date of birth indicated in the PSA/NSO Birth Certificate shall prevail.**

9. In case of discrepancy in the name indicated in the PSA/NSO Birth Certificate and SF 10 (Form 137), **the name indicated in the PSA/NSO Birth Certificate shall prevail.**

10. Templates for the NEW FORMS and NSAC presentation can already be downloaded through this link:

https://deped-ph-my.sharepoint.com/:f/g/person/renel_quirit_deped_gov_ph/Eio-ZJazC1NArY0C95MkxJMBE4Hs35TION0HoCAJ_u6NVQ?e=1xdRXr

11. Should there be queries, contact Lorenzo O. Capacio, EdD, Chief Education Supervisor, SGOD at 0977883 0778 and/or **Rosalio P. Arangco**, Education Program Supervisor, SGOD/Division Sports Focal at **0997 682 2424**.



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AR (ATHLETE RECORD)



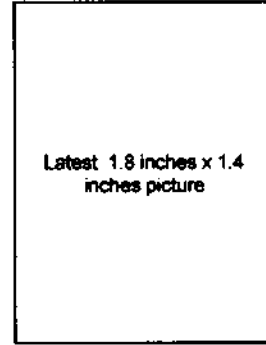
Republic of the Philippines
Department of Education

(Region)

(Division)

(School)

(School Address)



A. PERSONAL DATA:

Name: _____

Sex: _____

Date of Birth: (mm/dd/yyyy) _____

School: _____

Address of School: _____

Present Address: _____

Parents: _____

Address of Parents/Gua _____

Last (First) (M.I.)

Leamer Reference Number (LRN) Contact Number _____

Age: _____ Place of Birth: _____

Grade Level _____

Fathers Name Mother/Guardian

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

Year of Participation	Sports Event	Venue	Remarks

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

Inclusive Dates	Sports Event	Athletic Meet	Remarks

(Use separate sheet if necessary)

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 been a member of a school based club and 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)

(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)



[Handwritten signature]



Republic of the Philippines
Department of Education

(Region)

(Division)

(School)

(School Address)

CERTIFICATE OF ENROLMENT AND ATTENDANCE/COMPLETION

Date: _____

To Whom It May Concern:

This is to certify that

has been enrolled in this institution as _____

learner for the:

School Year:

Current semester: () First

() Second

School Head/Registrar
(Signature Over Printed Name)

Date: _____

This certifies further that the above learner has attended and completed the Curriculum Year.

School Head/Registrar
(Signature Over Printed Name)

Date: _____

[Handwritten signature]

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)





Republic of the Philippines
Department of Education

PARENTAL CONSENT

Date: _____

To Whom It May Concern:

I/We hereby willingly and voluntarily give consent to the participation of my/
our son/daughter _____
in _____ 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.

Signature of Father Over Printed Name

Signature of Mother Over Printed Name

Verified:

Adviser
(Signature Over Printed Name)

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)



[Handwritten signature]



(REGION)

(DIVISION)

(SCHOOL)

(School Address)

MEDICAL CERTIFICATE

To Whom It May Concern:

This is to certify that I have personally examined _____
Name
age ____ sex ____ 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: _____

Physical Examination

	School/Intrams/ District Meet		Unit/Division Meet		Regional Meet		Palarong Pambansa	
	Normal	Normal	Normal	Normal	Normal	Normal	Normal	
1. Eyes	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
2. Ears, Nose, Throat	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
3. Mouth and Teeth	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
4. Neck	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
5. Cardiovascular	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
6. Chest and Lungs	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
7. Abdomen	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
8. Skin	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
9. Genitalia-Hernia (male)	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
10. Muskuloskeletal: ROM	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
a. neck	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
b. spine	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
c. shoulder	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
d. arms/hands	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	
e. hips	YES NO	YES NO	YES NO	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	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT Date: _____
Unit/Division Meet	Remarks/Findings: Ht. _____ cm Wt: _____ kg BP: _____ mmHg PR: _____ bpm RR: _____ cpm	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT Date: _____
Regional Meet	Remarks/Findings: Ht. _____ cm Wt: _____ kg BP: _____ mmHg PR: _____ bpm RR: _____ cpm	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT Date: _____
Palarong Pambansa	Remarks/Findings: Ht. _____ cm Wt: _____ kg BP: _____ mmHg PR: _____ bpm RR: _____ cpm	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT Date: _____



Athlete's Name: _____
 Birthdate: _____ Date of Examination: _____

MEDICAL HISTORY
 (For Combative Sports Only)

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	

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)



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.

MEDICAL QUESTIONS	YES NO	REMARKS
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	
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 menstrual 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.

Parent/Guardian Signature over Printed Name

Athlete Signature over Printed Name



[Handwritten signature]



Republic of the Philippines
DEPARTMENT OF EDUCATION

Region X

Division

Malaybalay City

Division

DENTAL HEALTH RECORD

Latest 1½ x 1½ picture

Name: _____ Date: _____

Age: _____ Sex: _____ Birth Date: _____

Event: _____

Parent/Guardian: _____

CONDITION AND TREATMENT NEEDS

CONDITION																		LEFT		
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		
		48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38			
TEMPORARY TEETH																				
RIGHT		85	84	83	82	81	71	72	73	74	75									LEFT
CONDITION																				

YEAR LEVEL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	6
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Elementary

Revised as of APRIL 3, 2023



REGION
DIVISION

EVENT

Coach	A.	COACH/ASST. COACH RECORD		Assistant Coach
	B.	APPOINTMENT/EMPLOYMENT/CONTRACT OF SERVICE		
	C.	OMNIBUS AFFIDAVIT		
	D.	MEDICAL CERTIFICATE		
	E.	CERTIFICATE OF TRAINING		
	F.	CERTIFICATE OF SPORTS MEMBERSHIP/ LICENSE OR CERTIFICATIONS/ ACCREDITATION		
		NAME		
		SCHOOL		
Chaperon	A.	APPOINTMENT/EMPLOYMENT/CONTRACT OF SERVICE		
	B.	CERTIFICATE OF COMMITMENT		
	C.	MEDICAL CERTIFICATE		
		NAME		
		SCHOOL		
athlete	A.	AR (ATHLETE'S RECORD)		athlete
	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	A.	AR (ATHLETE'S RECORD)		athlete
	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

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)

Secondary

Revised as of APRIL 3, 2023



REGION

DIVISION

EVENT

Coach	A.	COACH/ASST. COACH RECORD		Assistant Coach
	B.	APPOINTMENT/EMPLOYMENT/CONTRACT OF SERVICE		
	C.	OMNIBUS AFFIDAVIT		
	D.	MEDICAL CERTIFICATE		
	E.	CERTIFICATE OF TRAINING		
	F.	CERTIFICATE OF SPORTS MEMBERSHIP		
	G.	LICENSE OR CERTIFICATIONS/ ACCREDITATION		
		NAME		
		SCHOOL		
Chaperon	A.	APPOINTMENT/EMPLOYMENT/CONTRACT OF SERVICE		
	B.	CERTIFICATE OF COMMITMENT		
	C.	MEDICAL CERTIFICATE		
		NAME		
		SCHOOL		
athlete	A.	AR (ATHLETE'S RECORD)		athlete
	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.	DISABILITY ASSESSMENT (for PARAGAMES Only)		
			INTERVIEWED	
		NAME OF ATHLETE		
		LRN		
		DATE OF BIRTH		
		SCHOOL		
athlete	A.	AR (ATHLETE'S RECORD)		athlete
	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.	DISABILITY ASSESSMENT (for PARAGAMES Only)		
			INTERVIEWED	
		INTERVIEWED		
		NAME OF ATHLETE		
		LRN		
		DATE OF BIRTH		
		SCHOOL		

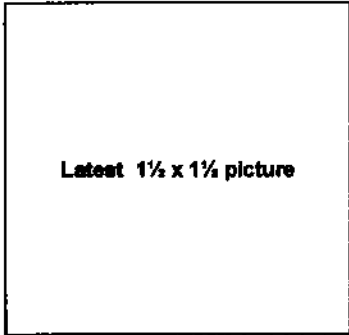
NOTE:
PLEASE USE A4 SIZE COPY PAPER

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)



Region

Division



A. PERSONAL DATA:

Name: _____
(Last) (First) (MI)

Sex: _____ Mobile Phone Number: _____

Date of Birth: (mm/dd/yy) _____ Age: _____ Place of Birth: _____

School: _____ Employee Number: _____
 Current Position: _____ Years in Service: _____
 Address of School: _____
 Present Address: _____
 In Case of Emergency Please Contact: _____ Contact Number: _____

B. Educational Qualifications:

Course (College/Post Graduate)	School	Year Graduated	Credits Earned	Awards Received

C. Sports Training Attended for the last three (3) years

Title of Sports Training	Date of Training	No. of Hours	Conducted by

D. Sports Track Record/Experience

Athletic Meet Attended	Inclusive Dates	Event	Awards Received

Prepared by: _____ Attested by: _____ Verified by: _____
(Coach /Asst. Coach Signature over Printed Name) (Division Sports Officer Signature over Printed Name) (Division AO/SDS Signature over Printed Name)

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 (Division, Region, Palarong Pambansa)



Republic of the Philippines
DEPARTMENT OF EDUCATION
Region _____
DIVISION OF _____
_____ SCHOOL
District _____

CERTIFICATE OF EMPLOYMENT

(for Public Schools/DepED Personnel)

Date

To Whom It May Concern:

This is to certify that _____ is presently employed in _____ as _____ since for a period of _____ years.

This certification is issued upon the request of _____ to coach in District/Division/Provincial/Palarong Pambansa.

School Head
(Signature Over Printed Name)

FOR PALARONG PAMBANSA ONLY



Handwritten signature



(Region)

(Division)

(School)

(School Address)

**CERTIFICATE OF COMMITMENT
(CHAPERONE)**

(Date)

I, _____, of legal age, single / married / widow, Filipino citizen, and presently working as _____ at _____, hereby commit myself to nurture the athletes of _____, provided that due care and precaution will be observed to ensure the comfort and safety of the athletes until the last day on 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.

Signature over Printed Name of Chaperone

Verified:

Signature over Printed Name of School Head

[Handwritten signature]

Republic of the Philippines)
City of _____)S.S.

OMNIBUS AFFIDAVIT
(for Public and Private Personnel)

I _____, of legal age, single/married,
with postal address at _____, after having duly
sworn in accordance with law hereby depose and state:

That I am presently employed with the _____ as
_____;

That I have been employed in _____
since _____ or for a period of _____;

That I was designated as coach of _____, who
will participate in the School Sports activities of the Department of
Education up to 2023 Palarong Pambansa;

That I will perform my duties and responsibilities in accordance
with DepEd Rules and Policies for the benefit of the students athletes
under my care and custody.

That all the athletes are not members of the National Team,
National Training Pool, and Development Pool of the Philippine Sports
Commission (PSC);

That all the athletes records submitted are true and correct to
the best of my personal knowledge;

Further, I authorize the personnel of Department of Education
to collect, process, retain, and dispose of my personal information in
accordance with the Data Privacy Act of 2012.

That I execute this Affidavit to attest to the authenticity and
veracity of all the documents submitted.

IN WITNESS WHEREOF, I have hereunto set my hand this
_____ day of _____ 20__ in _____,
Philippines.

Affiant

SUBSCRIBED and sworn to before me in _____, this day
_____ of month 20__, affiant executing his/her _____
_____, issued at _____ on _____.

Notary Public

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)

[Handwritten signature]





(Region)

(Division)

(School)

(School Address)

**MEDICAL CERTIFICATE
(COACHES, ASSISTANT COACHES, CHAPERONE)**

(Date)

To Whom It May Concern:

This is to certify that I have personally examined _____
Name
age _____ sex _____ 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: _____

Physical Examination

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

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)



Handwritten signature