



July 18, 2018

DIVISION MEMORANDUM

No. 436, s. 2018

5th Governor's Back- to- School Sports Competitions

TO: Assistant Schools Division Superintendents
CID & SGOD Chiefs
Division Education Program Supervisors / Education Program Specialists
District Supervisors / Districts In-Charge
Teaching / Non-Teaching Personnel

1. Attached herewith is the invitation letter from the Negros Oriental Sports Development Program (NOSDEP) Coordinator which is self explanatory.
2. PSDS's / District In-Charge and School Heads are hereby directed to encourage and give full support to the participants.
3. Coaches shall submit the following documents of the players on or before August 3, 2018.
 - a) Photo Copy of Birth Certificate (LCR or PSA)
The cut off year for Elementary Level is **(2006)**.
The cut off year for Secondary Level is **(2001)**.
 - b) Medical Certificate
 - c) Parent's Permit
 - d) Certification from the School Head that the player is currently enrolled.
 - e) Picture Gallery with (2x2) ID picture.
4. Please follow the attached Forms
5. Coaches, Asst. Coaches, Chaperons, Officiating Officials, and Committee members are given Service Credits/ COC for those who serve during Saturday, Sunday and Holiday.
6. Form 48 should be accomplished and countersigned by the Tournament Manager and be signed by the Division PESS Supervisor.
7. Transportation, food, uniforms and other incidental expenses are chargeable against School MOOE / SEF or any available funds subject to the usual accounting rules and regulation.

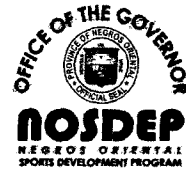
Wide dissemination of this Memorandum is desired.

W. Bongalos 7/18/18
WILFREDA D. BONGALOS, Ph.D. CESO V
↑ Schools Division Superintendent *W. Bongalos*

18 JUL 2018



Republic of the Philippines
 Province of Negros Oriental
OFFICE OF THE GOVERNOR
Negros Oriental Sports Development Program
 Dumaguete City 6200
www.negor.gov.ph



July 17, 2018

WILFREDA D. BONGALOS PhD, CESO V
 Superintendent
 Schools Division of Negros Oriental
 Department of Education
 Dumaguete City

RECEIVED
 4-1479
 DATE 17 JUL 2018
 ME: [Signature]

Dear Superintendent Bongalos:

Once again, we are thankful to the **City School Division's** full support to the Provincial Government annual Sports STEWARD program and in our 5th year, we are organizing the annual inter-school sporting events to provide the school-based athletes the supplementary **exposure** competitions.

In this line, we are inviting your teams to the **5th Governor's Back-to-School Sports Competitions** to be held every **Saturdays, Sundays** and on **holidays**. The opening games will be this coming **August 4 at 7:00AM (Saturday)** at the Gov. Mariano Perdiges Memorial Coliseum with a short parade and right after the opening program the sports competition will commence.

Enclosed herewith is the **CONFIRMATION SURVEY FORM** to be filled-up by your School Heads from the public and private schools for **Elementary** and **High School** levels in order for our Tournament Managers to obtain the actual number of confirmed teams. Your Coaches **must** contact the assigned TM listed below for their respective **competition guidelines** and **FINAL schedules**.

Date	Events	Tournament Managers (TM)	Contact Number
August 4	Opening Program	Mary Ann Bartoces	0955-786-4209
August 4	Football	Elmer Gallardo	0917-804-8376
	Basketball	Romart Ramos	0995-448-1600
	Volleyball	Mildred Pelletero	0977-274-1098
	Chess	Juno Davad	0905-624-6165
	Table Tennis	Peter Credo	0917-306-0319
	Lawn Tennis	Ramses Tolin	0998-548-7309
	Swimming	Monique Furbeyre	0977-180-3547
	Badminton	Manolito Saldivar	0927-300-5888
August 11	Pencak Silat	Robrien Elnar	0917-789-5640
	Futsal	Edwin Cabalida	0917-873-1228
	Athletics	Arolas Amahit	0917-120-4635
August 18	Archery	Joy Marino	0917-314-0210
	Sepak Takraw	Lorginson Gaso	0906-930-3299
	Softball	Ernesto Alabastro	0926-406-9041
August 25	Taekwondo	Johnny Noay	0916-647-0406
	Arnis	Ike Xavier Villaflores	0908-883-7234
	Wrestling	Jade Libby Ragay	0998-553-3441

In this connection, please allow our above-listed Tournament Managers and their representatives and the NOSDEP Staff to visit and coordinate with your school Heads.

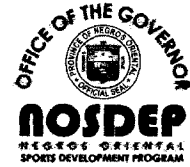
Anticipating for your support. God bless the Department of Education!

Thank you!
 Respectfully,

PAULTOM Y. PARAS
 Sports Development Officer

NOSDEP Office: (035) 225 7817 L.L. Macias Sports and Cultural Center - Capitol Area, Dumaguete City





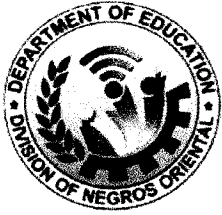
**2018 GOVERNOR'S BACK-TO-SCHOOL SPORTS COMPETITION
 CONFIRMATION SURVEY FORM**

NAME OF SCHOOL							
CONTACT NO.							
CATEGORY/LEVEL							
REQUIREMENT		Palarong Pambansa Cut-off age and other Palaro requirements					
SPORTS EVENTS	Start of Games	Players		Coaches Staff	Total	Tournament Managers	
		B	G				
Football	Aug 4					Elmer Gallardo	0917-804-8376
Basketball	Aug 4					Romart Ramos	0995-448-1600
Volleyball	Aug 4					Mildred Pelletero	0977-274-1098
Chess	Aug 4					Juno Davad	0905-624-6165
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Wrestling	Aug 25					Jade Libby Ragay	0998-553-3441
TOTAL							

Prepared and Submitted by:	Approved by:
School Representative	School Head
Contact Number	Contact Number

Received by:	
NOSDEP/SECRETARIAT	Date and Time

COMMENTS/NOTES/ACTION:



Republic of the Philippines
DEPARTMENT OF EDUCATION
 Region VII, Central Visayas
SCHOOLS DIVISION OF NEGROS ORIENTAL
 www.depednegor.net

EVENT: _____
 LEVEL: _____
 SCHOOL: _____
 DISTRICT: _____

		Medical Certificate		

COACH

ASST COACH/ CHAPERON

	NAME	
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		Birth Certificate		
		Medical Certificate		
		Parent's Permit		
		Certificate of Enrollment		

PLAYER

PLAYER

	NAME	
	DATE OF BIRTH	

		Birth Certificate		
		Medical Certificate		
		Parent's Permit		
		Certificate of Enrollment		

PLAYER

PLAYER

	NAME	
	DATE OF BIRTH	



Republic of the Philippines
DEPARTMENT OF EDUCATION
 Region VII, Central Visayas
SCHOOLS DIVISION OF NEGROS ORIENTAL
 www.depednegor.net

		Birth Certificate		
		Medical Certificate		
		Parent's Permit		
		Certificate of Enrollment		
PLAYER			PLAYER	
		NAME		
		DATE OF BIRTH		

		Birth Certificate		
		Medical Certificate		
		Parent's Permit		
		Certificate of Enrollment		
PLAYER			PLAYER	
		NAME		
		DATE OF BIRTH		

		Birth Certificate		
		Medical Certificate		
		Parent's Permit		
		Certificate of Enrollment		
PLAYER			PLAYER	
		NAME		
		DATE OF BIRTH		

		Birth Certificate		
		Medical Certificate		
		Parent's Permit		
		Certificate of Enrollment		
PLAYER			PLAYER	
		NAME		
		DATE OF BIRTH		



Medical Certificate

Name: _____

Event: _____

Age: _____

Gender: _____

Date of Birth: _____

PHYSICAL EXAMINATION:

Date Examined: _____

Height: _____ cms.

Weight: _____ kgs.

Pulse Resting: _____

Respiratory Rate: _____

Blood Pressure: _____

CERTIFICATION / REMARKS:

This is to certify that I have personally examined the above mentioned name and have found that he /she is: *(Pls. put a check mark on the box)*

PHYSICALLY FIT

NOT PHYSICALLY FIT

during the time of examination.

Signature over printed name of a Government Physician

License No. _____

PTR: _____

Date: _____



Parental Consent

I/we hereby willingly and voluntarily give consent to the participation of my/our son/daughter _____ in the 5th Governor's Back to School Sports Competition.

I/We have considered the benefits that my/our son/ 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/our son/ daughter and that the management may not be held responsible for any untoward incident that may happen beyond their control.

Name and Signature of the Father

Name and Signature of the Mother

Name and Signature of the Guardian

Relationship

Verified by:

Signature Over Printed Name of
Coach / Teacher Adviser



Certificate of Enrollment

Date: _____

Name of School: _____

Name of District: _____

TO WHOM IT MAY CONCERN:

This is to certify that the following names below are currently enrolled in this school during the School Year 2018-2019.

No.	Names of Student / Pupil	Age	Grade/Year level
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Signature Over Printed Name of School Head

Position