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REHIYON V



TANGGAPANG PANSANGAY NG MGA PAARALAN NG LUNGSOD NAGA

January 15, 2024

DIVISION MEMORANDUM

No. 22, 2024

CONDUCT OF DEPED NAGA PALARONG PANLUNGSOD 2024

To: Assistant Schools Division Superintendent
Chief Education Supervisors
CID, SGOD, and OSDS Personnel
Public and Private Elementary and Secondary School Heads
All Others Concerned

1. Relative to the Division Memorandum No. 352, s. 2024 re: Division Sports Timeline of Activities for the School Year 2023-2024, this Office announces the **Conduct of DepEd Naga Palarong Panlungsod 2024** on February 16, 17, 18, 24, 25 and March 2, 2024 at Metro Naga Sports Complex, and other available and appropriate playing venues in the city.

2. The Objectives of this sports activities are the following:
a. to provide the Student Athletes, Coaches, Trainers, Sports Enthusiasts, and DepEd Officials an avenue for sports activities based on the latest policies and guidelines
b. to conduct selection of athletes, coaches, and chaperons who will represent the city in the next Regional Palaro, and
c. to capacitate technical knowledge and advancement on their respective sports events.

3. The Schedule of Activities are as follows:

Date/Time	Event	Venues
January 20, 2024 (Saturday) 8:00 - 11:00 a.m.	Follow up Orientation Meeting of all TWC/Secretariat members, Public and Private School Sports Coordinators, Coaches and Sports Managers (SM)	Naga City Schools of Arts and Trades
Jan 24,31, Feb 7, 14 3:00 pm onwards	Regular working and meetings of all the members of Secretariat and DSAC.	Tinago NHS/SDO Conference Hall
January 22-31, '24	On-line Registration of all participants/team members Preparation for Palaro Forms at http://tinyurl.com/DepEdNagaPalaroRegn	Google Form
January 18, 2024 January 19, 2024 January 22, 2024 January 23, 2024 January 24, 2024 January 25, 2024 January 26, 2024 February 1, 2023 February 2, 2024 Open Dates	<u>Schedule of Medical and Dental Health Check-ups:</u> Pre-open booking/scheduling (Contact Doc Joanne. Sebastian) SDO & Camarines Sur National High School Naga North District Schools MANCOM (Presentation of Sports Activities) Naga East District Schools Naga East District Schools Naga West District Schools Naga South Schools Additional Schedule (Contact Doc Joanne Sebastian) Private Schools with their own Medical/Dental Doctors	<u>Medical Team Stations</u> Pacol ES 8am-SDO-1pm-CSNHS NCS 1 TBA Carolina ES Cararayan NHS NCSAT Tinago NHS SDO Clinic Private Schools
January 24, 2024 1:00 p.m.	Orientation Meeting of all Palarong Panlungsod CORE Group Chairpersons	SDO Conference Hall
February 2-7, 2024 8:00a.m. -5:00 p.m.	Submission of Athletes, Coaches & Chaperons' hard copies of Documents.	Tinago National HS c/o Rick M. Ruizo -DSAC
February 8-9, 2024	Pre-Assessment and Validation of the submitted Palaro Documents (DSAC, TWC-Secretariat members, Sports Managers, and Coaches are involved in this activity)	Tinago NHS c/o DSAC
February 12-16, '24	Preparation of Authenticated List of Eligible Athletes and Coaches	Through Memorandum
February 16, 2024 1:00 p.m. onwards	Conduct of DepEd Naga Palarong Panlungsod 2024 1. Opening Program and Solidarity Meeting	Robinsons Mall
February 17-18, '24	2. DepEd Naga Sports Officials' Refresher Course	MNSC/Playing Venues
February 24-25, '24	3. Actual Games/Tournament	MNSC/Playing Venues
March 2, 2024	4. Closing Program	To be Announced

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4. Listed below are the Palaro Forms to be complied with, c/o Jobert P. Narvadez, DSAC Chairperson at CP No. 09106239569.

Forms For Athletes

- a) Athlete's Records
- b) Certificate of Attendance
- c) Medical Certificate
- d) Medical History
- e) Parental Consent
- f) Dental Health Record
- g) PSA Birth Certificate
- h) SF10

Forms-Coaches & Chaperons

- a) Certificate of Commitment
- b) Medical Certificate
- c) Affidavit/Sworn Statement
- d) Gallery (2x2 Picture)
- e) Certificate of Training/
Accreditation related to Sports

5. Likewise, DepEd Personnel are expected to prepare Personal Locator's Slip.

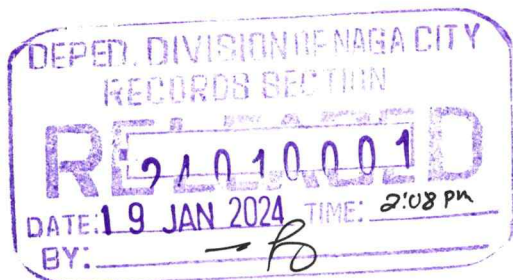
6. All Sports Managers, Tournament Officials, Coaches and Athletes are advised to bring their own available sports equipment to augment in the actual needed materials and other event equipment.

7. Travel, Food and other related expenses of the participants shall be charged against Special Education Fund (SEF), MOOE/Local Fund, and/or other available funds, subject to the usual accounting and auditing rules and regulations.

8. Participants to this sports activities shall be granted service credits/ compensatory overtime credit for their services rendered on Saturdays, Sundays, and Holidays pursuant to paragraph 5.3 letter K of Joint circular of the Civil Service Commission (CSC) and the Department of Budget and Management (DBM) dated October 4, 2004.

9. Attached is the List of the Executive Committee, Technical Working Committee, Sports Managers/Resource Speakers, and Palaro Forms. For reference, Division Memorandum No. 352, s. 2023 is enclosed.

10. Widest dissemination of and strict compliance with this Memorandum is desired.




SUSAN S. COLLANO CESO V
Schools Division Superintendent

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Enclosure No. 1, of the DM No. 22, s. 2024

LIST OF DEPED NAGA EXECUTIVE COMMITTEE, TECHNICAL WORKING COMMITTEE, SECRETARIAT, DIVISION SCREENING AND ACCREDITATION COMMITTEE AND DIVISION SUPPORT COMMITTEE

A. EXECUTIVE COMMITTEE

No.	Name	Designation
1	Susan S. Collano CESO V	Chairperson, Schools Division Superintendent
2	Cecile C. Ferro CESO VI	Co-Chairperson, Asst. Sch. Div. Superintendent
3	Annaliza F. Abuloc	CID Chief
4	Michael A. Del Rosario	OIC, SGOD Chief/Program Operation Manager
5	Mary Ann B. Rosauro	Administrative Officer V

B. TECHNICAL WORKING COMMITTEE (TWC)

1. PALARONG PANLUNGSOD CORE GROUP (PPCG)

No	Name	Committee & Designation	Terms of Reference
1	Orencio M. Chavez	Over-All Chairperson, Division Sports Officer	1. Lead the assigned working committee. 2. Attend Program Implementation Committee Meetings. 3. Inform the members of his/her team/committee of all information regarding the Paloro updates. 4. Coordinate with the different Sports Managers and other DepEd Officials to monitor the actual events. 5. Recommend favorable actions and solutions regarding the immediate needs of the committee. 6. Ensure that each committee will have a fair and friendly environment. 7. Make appropriate and timely decisions 8. Report to the DSO, Sports Supervising Official and Program Operation Manager any unusual incidents 9. Make Narrative Report.
2	Michael Baldres	Secretariat Chairperson	
3	Jobert P. Narvadez	Supervising Official for the Sports Program/DSAC-Chairperson	
4	Sulpicio C. Alferez III	Command Center Chairperson	
5	Jobert P. Narvadez	Communication, Opening and Closing Program	
6	Dr. Joanne G. Sebastian	Emergency Respond Team Chairperson	
7	Darcy Bertulfo De Lima	Jury of Appeal Chairperson	
8	Emma B. Naguna	Child Protection Policy Chairperson	
9	Elvin B. Monroy	Playing Venue Preparation and Restoration	
10	Junmar Rey B. Aguilar	Facilities, Repair, AND DRRM Chairperson	
11	Jerome H. Baldemoro	Partnership/Stakeholder Chairperson	
12	Herman E. Bobis	Transportation Chairperson	
13	Salvacion T. Verona	Finance (Ways and Means) Chairperson	
14	Melita L. Canton	Supplies and Utility Chairperson	
15	Maria Teresita R. Rentoy	Monitoring and Evaluation	
16	Joretze S. Carandang	Certificates and Awards/Recognition Chairperson	
17	Josefina DLC Solis	Flowers, Balloons and Corsage Chairperson	
18	Emelyn A. Brofas	Food Preparation and Distribution Chairperson	
19	Benedik Warren R. Ubante	Security, Peace, and Order Chairperson	
20	Michael Noe B. Dizon	ICT Preparation & Data base Chairperson	
21	Mary Ann A. Papica	Clerk of Course Chairperson	
22	Jaimito F. De leon	Publication, Documentation and Narrative Report Chairperson	
23	Luis P. Marasigan	Paloro Announcer Chairperson	

2. SECRETARIAT

No	Name	Committee & Designation	Term of Reference
1	Michael Baldres	Chairperson	Functions: 1.Take charge in the registration of attendance of guests and participants during the events; 2.Coordinate with the ushers/usherettes in getting the attendance of the participants; 3.Ensure that all participants can fill-out the forms. 4.Print a hardcopy of the attendance for documentation. 5. Perform other tasks that may be assigned by the Executive Committee/DSO.
2	Luningning M. Sabio	Co-Chairperson	
3	Jenifer D. Adolfo	Member-Program and Invitation	
4	Michelle T. Cedro	Member-Documentation	
5	Angelica Zabala	Member-Attendance	
6	Jhalma M. Lozanes	Member	
7	Benjamin R. Reapor	Member ICT	
8	John Mark B. De Guzman	Member ICT	
9	Elizabeth B. Paga	Member	

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3. DIVISION SCREENING AND ACCREDITATION COMMITTEE (DSAC)

No	Name	Designation	Term of Reference
1	Jobert P. Narvadez	Chairperson	Functions: 1. Coordinate to the coaches in ensuring the accuracy and completeness of all documents of athletes and coaches. 2. Process thoroughly the Athletes' requirements through proper procedural screening. 3. Provide an official Authenticated List of Eligible Athletes, Coaches and Chaperons.
2	Raquel A. Papa	Co-Chairperson	
3	Rick M. Ruizo	Co-Chairperson for Vernue	
4	Michelle A. Lo	Co-Chairperson for LRN	
5	Joanne Sebastian MD	Member for Medical	
6	Michael Noe. B. Dizon	Member for ICT	
7	Nemia Luzada	Member	
8	Babay Ruby Laurente	Member	
9	Noel A. Perez	Member	
10	Gil SB Depositario	Member-Secretary	

4. COMMAND CENTER

No	Name	Designation	Term of Reference
1	Sulpicio C. Alferez III	Chairperson	Functions: 1. Coordinate with the different committee chairpersons and sports managers regarding the logistical and technical requirements of the event/ games. 2. Ensure the playability of all playing venues including equipment, fixtures, etc. 3. Monitor the entire sports events Give immediate solutions to any eventualities of the Palaro.
2	Fernando M. Carandang	Co-Chairperson	
3	Edmundo C. Laureles	Members	
4	Rowena O. Tabilog		
5	Gemma O. Corporal		
6	Melissa Bobos		
7	Lynn R. Prilles		
8	Nimfa C. Regalado		

5. COMMUNICATION, OPENING AND CLOSING PROGRAM

No	Name	Designation	Term of Reference
1	Jobert P. Narvadez	Chairperson	Functions 1. Take charge in the coordination with other offices and dissemination and sending out letters and communications; 2. Draft letters, invitations and other correspondences in view of the hosting of the 2023 Modified Palarong Bicol and the 2023 Palarong Pambansa. 3. Organize ushers and usherettes to welcome the guests during Closing Program and Mayor's Night; 4. Conduct briefing to the Ushers/Usherettes to ensure smooth reception of guests and VIP's in every event; 5. Take charge in the seating arrangement of guests; 6. Assist the Secretariat in the identification of arriving guests and VIP's 7. Assist in Solidarity meeting, Opening and Closing Parade/Program 8. Facilitate Thanksgiving Mass
2	Joseph P. Condono	Co-Chairperson	
3	Jerome H. Baldemoro	Members	
4	Juliet C. Curva		
5	Ramon Geronimo		
6	Luie SJ Navelgas		
7	Ian Barcelo		
8	Norman Lingahan		

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6. EMERGENCY RESPOND TEAM

No	Name	Designation	Term of Reference
1	Joanne G. Sebastian	Chairperson	Functions: 1. Prepares medical and health services needed for the activities including medicines, medical supplies, and 2. Organize quick responder. 3. Accomplish Medical Athlete's Form Handle Medical situation
2	Gemma Borromeo	Co-Chairperson	
3	Maribel Vales	Members	
4	Hazel L. Sumpay		
5	Ayn Loureste P. Peteza		
6	Sherily A. Abogado		
7	Ma. Angela SA Rustia		
8	Vanessa A. Lo		
9	Alita Shearmane G. Santiago		
10	Lorie May O. Claveria		
11	Eva E. Azañes		

7. JURY OF APPEAL

No	Name	Designation	Term of Reference
1	Darcy Bertulfo E De Lima	Chairperson	Functions: 1. Receive Protest and complaints. 2. Address Palaro Legal Issues and resolve protest.
2	Jarmy D. Taumotorgo	Co-Chairperson	
3	Nancy A. Morada	Members	
4	Lorie May O. Claveria		
5	Juliet P. Mercado		

8. CHILD PROTECTION POLICY

No	Name	Designation	Term of Reference
1	Emma B. Naguna	Chairperson	Functions: 1. Set-up Child Protection Policy desk in all playing venues. 2. Come up with a comprehensive Medical/CPP Plan for the Palaro; 3. Coordinate with the referral hospital and other hospitals; 4. Work with the food security and distribution committee in helping ensure food safety and quality. other CPP concerns
2	Antonette Maristela	Co-Chairperson	
3	Cielo Bequillo	Members	
4	Lorena Gonzales		
5	Edelaine C. Manlapaz		
6	Joan Dulong		

9. PLAYING VENUES PREPARATION AND RESTORATION

(Stage, Hall, Ground Preparation, and Sound System)

No	Name	Designation	Term of Reference
1	Elvin B. Monroy	Chairperson	Functions: 1. Coordinate with the CEPPPIO Creative Programs and Events Committee as to the requirements of stage, grounds, and venues for the events; 2. Prepare grounds, hall, stage and other physical and logistical requirements. 3. Prepare checklist to ensure that all requirements/needs of function are well attended prior to the function; 4. Coordinate with the responsible office(s) and person(s) for the preparation of the venue; 5. Ensure that all equipment, paraphernalia's, fixtures, add-ons etc. used during the function are well. Prepare and submit the reports after the game.
2	Junmar Rey B. Aguilar	Co-Chairperson	
3	Frederick M. Baldoza	Members	
4	Neil Romano S. Manaog		
5	Oscar M. Chavez		
6	Louie SJ Navelgas		
7	Reynaldo Obsequio		
8	Sports Managers		
9	Tournament Officials		

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10. FACILITIES, REPAIR, AND DRRM

No	Name	Designation	Term of Reference
1	Junmar Rey B. Aguilar	Chairperson	Functions 1. Design, program, and coordinate DRRM activities, consistent with the NDRRMC's standards and guidelines. 2. Facilitate and support risk assessments and contingency planning activities at the local level. 3. Consolidate local disaster risk information which includes natural hazards, vulnerabilities and climate change risks, and maintain a local risk map. 4. Supervise the constructions of additional infrastructure for the playing venues and billeting quarters. 5. Identify schools to be utilized as billeting venues and ensure that the number is sufficient to accommodate all delegations. 6. Conduct the site inspections to evaluate the conduciveness of the billeting venues for housing delegates and recommend action(s) to address it. 7. Monitor and Recommend repair of any damage in the billeting and playing venues to ensure the utmost quality; 8. Coordinate with the school principals and regional delegations heads regarding the day-today operations concerns at the billeting venues; 9. Assign an officer -in-charge who will oversee the daily use of individual billeting venue to ensure that whatever concern may arise is immediately attended to by the proper concerned, e.g., transportations, electricity, water supply, among others; 10. Ensure that all playing venues are void of all the obstructions, ready and equipped e.g., lights and sounds, etc. Prior to the opening of every event; Take charge of the maintenance of the playing venues
2	Marie Christine Ignacio	Co-Chairperson	
3	Jefrey M. Alanis	Members	
4	Michael Baldres		

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11. PARTNERSHIP AND STAKEHOLDERS

No	Name	Designation	Term of Reference
1	Jerome H. Baldemoro	Chairperson	Functions: 1. Take charge in seeking out support from various LGU's and other entities for possible donors and sponsors; 2. Make marketing plan for sports program; 3. Give assistance to the Palaro needs
2	Arturo A. Armea	Co-Chairperson	
3	Margerie B. Bathan	Members	
4	Shiela Taugan		
5	Marites Olitoquit		
6	Apollo C. Sebello		
7	Salvador D. Ferro II		
8	Geraldo P. Brizuela		
9	Tobias S. Bongon III		

12. TRANSPORTATION

No	Name	Designation	Term of Reference
1	Herman E. Bobis	Chairperson	Functions: 1. Ensure the availability of service vehicles at the playing venues and opening/closing program; 2. Provide Transportation for the preparation of the Playing venues and MNSC 3. Ensure the availability of service vehicles for the Officials; 4. Coordinate with the transport group as to the provisions of easy and accessible public utility vehicles on standby at the complex to commuters; 5. Monitor fare rate during the entire duration of P.alaro
2	Noel A. Balares	Co-Chairperson	
3	Elizabeth G. Caraig	Members	
4	Ronnie B. Malate		
5	Crispin O. Martillano		

13. FINANCE, WAYS, AND MEANS

No	Name	Designation	Term of Reference
1	Salvacion T. Verona	Chairperson	Functions: 1. Prepare general budget and ensure proper disbursement and liquidation; 2. Allocate and handle the necessary financial requirement during the Palaro. 3. Make sure that the budget disbursement of food, supplies and other expenses is immediately done to ensure that the purchase/procurement of required supplies are timely; 4. Coordinate with the Palaro in Charge.
2	Mary Ann M. Encila	Co-Chairperson	
3	Edna S. Porteria	Members	

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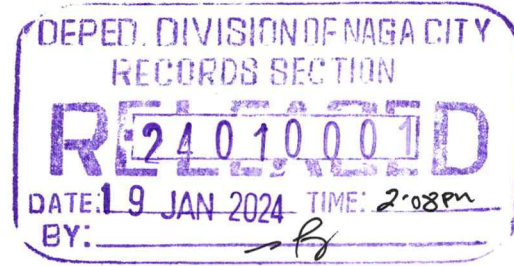


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14. SUPPLIES AND UTILITY

No	Name	Designation	Term of Reference
1	Melita L. Canton	Chairperson	Functions: 1. Make an inventory of all sports equipment and recommend the procurement if the need requires; 2. Ensure the availability of all needed sports equipment, supplies, fixtures and add-ons prior to the start of the games. 3. Distribute available sports equipment. 4. Check the sports equipment, supplies and fixtures follow the required standards. 5. Perform janitorial task in the event venues.
2	Allan L. Leonem	Co-Chairperson	
3	Manuel B. Luna	Members	
4	Dennis Rodriguez		

15. MONITORING AND EVALUATION

No	Name	Designation	Term of Reference
1	Maria Theresita R. Rentoy	Chairperson	Functions: 1. Prepare an online evaluation. 2. Make Monitoring Tool 3. Conduct/Monitor the event 4. Consolidate the evaluation results and forward to the secretariat.
2	Corazon Fatima S. Silerio	Co-Chairperson	
3	Dante R. Santelices	Members	
4	Nancy A. Morada		
5	Ma. Theresa R. Ruizo		
6	Marilyn Ste. Felipe		

16. CERTIFICATES, AWARDS, AND RECOGNITION

No	Name	Designation	Term of Reference
1	Joretze S. Carandang	Chairperson	Functions: 1. Create template design for certificates (Judges, Participants and Working Committees), forward to Secretariat for the signatory. 2. Print the certificates (request materials from procurement, forward printed output to the secretariat) and forward to the secretariat. 3. Keep report of the list of awardees; 4. Take charge in the fabrication of plaques and trophies (if available)
2	Vilma B. Cueto	Co-Chairperson	
3	Oscar T. Yamson	Members	
4	Esmeralda B. De Los Reyes		
5	Dexter R. Tuy		
6	Jerald B. Silot		
7	Palaro Secretariat		

17. FLOWERS, BALLOONS, AND CORSAGE

No	Name	Designation	Term of Reference
1	Josefina DLC Solis	Chairperson	1. Prepare Leis to be given to the Guests of Palaro 2. Arrange Flowers for the Opening/Closing Program (if available) 3. Assist in the Opening and Closing Program
2	Rhea SB. Samino	Co-Chairperson	
3	Teresita Irma S. Dy-Cok	Members	
4	Ramil S. Pederio		
5	Flora Ocbian		
6	Ginalyn B. Bulanon		

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18. FLOWERS, BALLOONS, AND CORSAGE

No	Name	Designation	Term of Reference
1	Emelyn A. Brofas	Chairperson	Functions: 1. Coordinate with the local suppliers and producers to ensure sufficient supply of agricultural products and meats; 2. Come up with practical and efficient scheme for food distributions and brief concessionaries/caterers and other office(s) concerned so as to the implementations of the scheme to ensure orderliness during food distribution; 3. Ensure that concessionaries/caterers are performing their responsibilities to make sure that food supply is always replenished; 4. Ensure the provisions of food/meals for various events and for the working committees; Coordinate with the Health and Medical Committee to ensure food safety and quality.
2	Gina B. Bobis	Co-Chairperson	
3	Nida L. Eborá	Members	
4	Norbelia C. Avila		
5	Vicente B. Ocbian		
6	Grace E. Orbeta		
7	Sherell M. Bue		

19. SECURITY, PEACE, AND ORDER

No	Name	Designation	Term of Reference
1	Benedik Warren R. Ubante	Chairperson	Functions: 1. Ensure smooth traffic in all roads and from the playing venues; 2. Help in the formulation of a traffic plan to ensure efficient crowd management during the entire duration of the event; 3. Coordinate with the proper authority(ies) to ensure that adequate traffic and security personnel are deployed during the entire duration of the event; 4. Provide security to all delegates and guests; 5. Facilitate the establishment of several Public Help Desks in different areas of the playing venues.
2	Levi San Jose	Co-Chairperson	
3	Edmar Patricio	Members	
4	Hommer Celeste		
5	CTP (CAT) Facilitators		

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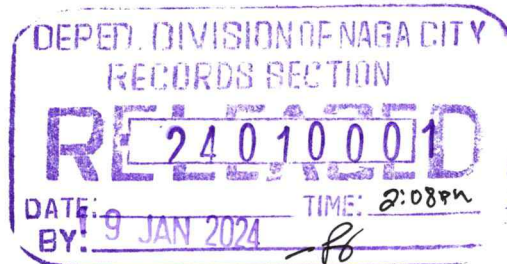


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20. ICT/IT PREPARATION AND DATA BASE

No	Name	Designation	Term of Reference
1	Michael Noe B. Dizon	Chairperson	Functions: 1. Develop online application for the Palaro Screening of Athletes 2. Take charge in the Development and management of the official websites of the Palaro. 3. Design official Palaro Template and Logo. 4. Perform IT Task and functions
2	John Mark De' Guzman	Co-Chairperson	
3	Jake De Guzman	Members	
4	Everrome Asico		
5	Benjamin R. Reapor		

21. CLERK OF COURSE

No	Name	Designation	Term of Reference
1	Mary Ann A. Papica	Chairperson	1. The Clerk of the Course has overall responsibility for the General Validation and control of the Event RESULTS based on the submitted Reports from the Sports Managers. 2. Make an Over-all Official Palaro Result. 3. Conduct special sessions after a week of the Palaro to ensure the accuracy of the validated Final Results. 4. Submit to the Secretariat the Final Result.
2	Nancy T. Sibayan	Co-Chairperson	
3	Maria Rosario C. De leon	Members	
4	Luningning M. Sabio		
5	Yvette San D. Juan		
6	Gemma C. Falabi		
7	Jayson M. Aliben		
8	Rose De Matta		
9	Marites Olitoquit		
10	Emmalynda Jaudan		

22. PUBLICATION, DOCUMENTATION AND NARRATIVE REPORT

No	Name	Designation	Term of Reference
1	Jaimito De Leon	Chairperson	Functions: 1. Publish latest updates and events of the Palaro 2. Issue press release to all media outlets; 3. Take charge in the picture and video coverage of the games and events of the Palaro 4. Organize and brief Media of the guidelines and policies as to the official coverage of the event; Make Palaro articles and issues.
2	Josefina DLC Solis	Co-Chairperson	
3	Erwin De los Reyes	Members	
4	Raquel Osma		
5	Janet Zara		
6	Eugene Agor		
7	Javier Villarosa		
8	Jessica Rivera		
9	Elma Laggas		
10	France Peñano		
11	Floris Wayvell Tubale		
12	Estelito Jacob		
13	Mariz Fernando		
14	Brenda De Los Santos		
15	Honeylet Alfon		
16	Joriza Novio		

23. PALARO AND EVENT ANNOUNCER

No	Name	Designation	Term of Reference
1	Luis P. Marasigan	Chairperson	1. Receive official schedule of Games 2. Call and Announce Schedule of Games 3. Facilitate event announcement 4. Announce official result and handle awarding ceremony Facilitate Opening in the AM and Closing in the PM ceremony/program.
2	Esmeralda De Los Reyes	Co-Chairperson	
3	Sheryll M. Bue	Members	
4	Maria Shiela Quidoles		
5	Jomari Tan		
6	Moises Alpa R. Cortes		

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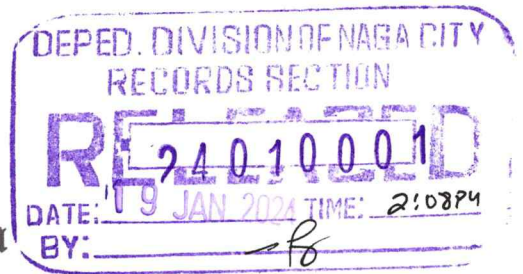


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TANGGAPANG PANSANGAY NG MGA PAARALAN NG LUNGSOD NAGA

C. SPORTS MANAGERS (SM) / RESOURCE SPEAKERS ON SPORTS GROUND RULES AND PLAYING VENUES

No.	Event	Names	Playing Venues
1	Archery	Noe A. Collantes	Metro Naga Sports Complex/ Abcede ES
2		Karlo S. Bobos	
3	Arnis	Aldrin P. Maravilla	JBMES
4		Levi San Jose	
5	Athletics	Moises Alpa R. Cortez	Metro Naga Sports Complex (MNSC)
6		Gina M. Napay	
7		Rommel M. Napocao	
8		Pablo P. Rebano Jr.	
9	Badminton	Arlene C. Male	JMR Coliseum/ USI
10		Margile A. Redita	
11	Baseball	Everrome R. Asico	MNSC
12		John Floro M. Chavez	
13		Mechellen N. Boncodin	
14	Basketball	Jil P. Buena	Jesse M. Robredo Coliseum Other available City Covered Court
15		Louie SJ. Navelgas	
16	3x3	Ryan-Rey M. Saniel	
17		Michael Philip R. Fausto	
18	Billiards	Melchor E Flores	Tinago NHS
19		Joselito B. Boringot	
20	Boxing	Allan Jake B. Dimaculangan	Carolina NHS
21		Elmar S. Parro	
22	Chess	April SR. So	Sta. Cruz Event Center/ Tinago Central School
23		Imee S. Bismonte	
24	Dancesport	Jennifer G. Nachor	TBA
25		Elena V. Relato	
26	Football	Michael Angelo Benito	MNSC
27		Salvador Azañes	
28	Futsal	Janet B. Betua	Concepcion Pequeña Covered Court
29		Victor B. Suron	
30	Gymnastics	Ronnie B. Malate	Naga City Civic Center Gymnastics Hall
31		Rey T. Obligacion	
32	RG	Jerry E. Cortas, Jr.	
33	MAG	Rikhaela Grado	
34		Maricel G. Salvo	
35	WAG	Junita T. Abilay	
36		Emma B. Cayonte	
37	Aero	Jennifer G. Abarientos	
38		Eubert Orolfo	
39	Pencak Silat	Raymond A. Gutierrez	TBA
40		Miraflor L. Renon	

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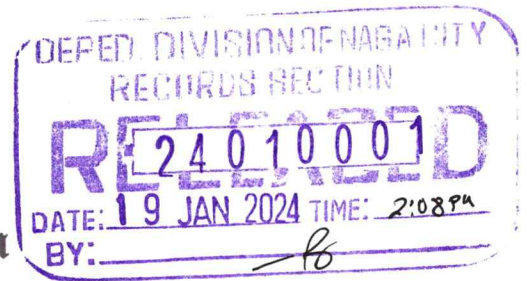


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TANGGAPANG PANSANGAY NG MGA PAARALAN NG LUNGSOD NAGA

41	Sepak Takraw	Roy B. Fabay	NCF
42		Jerick G. Ricafrente	
43		Crispin O. Martillano	
44	Softball	Glenn Lawrence Ian Osabal	MNSC
45		Elvie P. Santillas	
46	Swimming	Flordeliza A. Abogado	MNSC Swimming Pool
47		Jesus Pascual B. Aguilar	
48		Armi F. Lejarde	
49		Eusebio F. Belarmino	
50	Table Tennis	Salvador S. Berja	JMRC/Saint Joseph School
51		Rafael II G. Molina	
52	Taekwondo	Homer B. Celeste	NCS 1 and NCS 2
53		Ma Leslie Anne Mañago	
54	Tennis	Wilmur C. Amparo	MNSC
55		Elsie A. Poveda	
56	Volleyball	Ian Jake O. Olaso	NCF & Sta Cruz ES
57		Evangeline A. Sayson	
58	Weightlifting	Jerome E. Lumabi	NCF
59		Dustin S. Bichara	
60	Wrestling	John Oliver B. Chavez	Tinago NHS
61		Kea A. Reblando	
62	Special Event	Anna Regina T. Navarro	MNSC CSNHS
63		Mellard A. Japson	
64		Arnel Valle	
65		Cheryl I. Belarmino	

SPORTS Managers Functions:

1. Ensure that all equipment, paraphernalia, fixture, add-ons, etc. are well accounted before, during, and after the use of the playing venue.
2. Assist the DSAC in the pre-selection
3. Make sure that the the Playing areas are safe.
4. Conduct Refresher Course to the Tournament Officials and Coaches.
5. Act as Resource Speakers on Sports Rules and Regulations
6. Facilitate the actual Games/Tournament
7. After the Game, Submit the FinalResult to the Clerk of Course.
8. Keep the playing field clean
9. Help restore the ground, hall, playing venues, materials and equipment

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REHIYON V

TANGGAPANG PANGSANGAY NG MGA PAARALAN NG LUNGSOD NAGA

December 5, 2023

DIVISION MEMORANDUM

Number 252, s. 2023

**DIVISION SPORTS TIMELINE OF ACTIVITIES FOR THE
SCHOOL YEAR 2023-2024**

To: Assistant Schools Division Superintendent
Chief Education Supervisors
CID, SGOD, and OSDS Personnel
Public and Private Elementary and Secondary School Heads
All Others Concerned

1. In pursuit to the effectivity and efficiency of the approved Project Sports Continuity and Recovery Plan (SCORE) and the Division Strategic Plan DepEd Naga ADVANCE, this Office issues Division Sports Timeline of Activities to be followed this School Year 2023-2024.
2. The primary objectives of this activity are the following:
 - 1) to prepare sports schedule of activities this school year 2023-2024.
 - 2) to provide the Student Athletes, Coaches, Trainers, Sports Enthusiasts, and DepEd Officials an avenue for sports activities based on the latest policies and guidelines; and
 - 3) capacitate them with the new technical knowledge and updates on their respective events.
3. The Division Sports Timeline of Activities, Mechanics, List of Working Committees, and Sports Managers (SM) are hereby issued in the attached Enclosures.
4. An Orientation Meeting of the Technical Working Committee/Secretariat members, School Sports Coordinators, and Sports Managers (SM) will be conducted on January 5, 2024, 2:00 p.m. The specific venue to be announced in the separate issuance.
5. Participants are expected to prepare their respective locator slips before leaving their stations.
6. Travel, Food and other related expenses of the participants shall be charged against Special Education Fund (SEF), MOOE/Local Fund, and/or other available funds, subject to the usual accounting and auditing rules and regulations.
7. Participants to this sports activities shall be granted service credits/compensatory overtime credit for their services rendered on Saturdays, Sundays, and Holidays pursuant to paragraph 5.3 letter K of Joint circular of the Civil Service Commission (CSC) and the Department of Budget and Management (DBM) dated October 4, 2004.
8. Widest dissemination of and strict compliance with this Memorandum is desired.

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23101945
DATE: 06 DEC 2023
DO 31 Es, 2019-DM

[Signature]
SUSAN S. COLLANO CESO V
School Division Superintendent



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Telephone No.: 054-871-3455
Email Address: naga.city@deped.gov.ph
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REHIYON V

TANGGAPANG PANGSANGAY NG MGA PAARALAN NG LUNGSOD NAGA

Enclosure No. 1, to the Division Memorandum No. 352, s 2023

A. DIVISION SPORTS TIMELINE OF ACTIVITIES FOR THE SY 2023-2024

Date	Sports Activities	Person Concerned
November-December 2023. , After Class, Week-ends and Holidays. 11 th week of the 1 st Quarter.	1. Identification of student athletes, Coaches, Chaperons, and Sports Officials. 2. School Sports Preparations and Selection 3. School Intramurals	PSDS, School Heads, School Sports Coordinators, and School Teachers
January 2024 After Class, weekends & Holidays	1. School-based intensive Trainings in preparation for the Palarong Panlungsod 2024 2. Preparation of Athletes, Coaches and Chaperons Requirements	PSDS, School Heads, School Sports Coordinators, and School Teacher-Coaches
January 5, 2024 2:00 a.m. Venue TBA	Coordination Meeting with the Public and Private School Sports Coordinators and Sports Managers.	Top Management, TMC, TWC, TWG, Secretariat, SSC, & SM
January 22-31, 2024	On-line Submission of Athletes' Documents	Screening Committee, ICT, and Coaches.
February 2, 2024	Submission of the Hard Copy Athletes, Coaches Requirements.	Screening Committee, ICT, and Coaches
February 3, 2024 Saturday	Lakaw Dalagan Para sa Athletang Nagueño	DepEd-Naga Top Management, DSO, PSDS, TWC, School Heads, School Sports Coordinators, Sports Managers and Tournaments Officials
February 8-9, 2024	Validation of Documents	Screening Committee with Coaches/Chaperons and Sports Managers
February 12-16, 2024	Preparation of Authenticated List and Division Memorandum	Screening Committee
February 16, 2024	Issuance/Posting of Memo of SDS approved Authenticated List of Players	Screening Committee Sports Managers
February 17-18, 2024 8:00 a.m - 5:00 p.m. MNSC/JMRC	Opening Program Solidarity Meeting Sports Refresher Course	All Concerned
February 24-25, 2024	Palarong Panlungsod 2024 Team Sports (Specialization/Crossbats)	All Concerned
March 2-3, 2024	Individual/Dual Sports (Specialization/Time Trial)	
March 9, 2024	Awarding Ceremony	All Concerned/Winners
March 2024 After Class, weekends and holidays	Division Sports Intensive Trainings in preparation for the Regional Meet (Bicol Meet)	
April 2024	Palarong Bicol 2024	DepEd ROV, DepEd-Naga Top Management, DSO, PSDS, TWC, Sports Managers, and Tournament Officials
May 2024	Regional Concentration Training in Preparation for the Pre National Qualifying Meet and Palarong Pambansa 2024	
July 2024	Palarong Pambansa 2024	

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19 JAN 2024



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REHIYON V

TANGGAPANG PANGSANGAY NG MGA PAARALAN NG LUNGSOD NAGA

Enclosure No. 2, to the Division Memorandum No. 32, s 2023

B. MECHANICS:

1. The Schools and District Offices may opt to deviate from the abovementioned timeline of activities and conduct their respective selection of athletes/meets on a staggered basis.
2. The time for the selection and trainings of athletes must not disrupt classes. It should be done after class, on weekends, and holidays.
3. The selection events will be economical, efficient, and quality. The schools will send well organized delegation to the Division Meet .
4. The Sports Scheme for the Selection of Athletes in the Division Meet shall be Tournament Specialization and Cross bats/Time Trials. Only the team of students' athletes that has full potentials, remarkable records, numerous experienced and with quality performance are encouraged to participate. The teachers and other school based personnel coaches must have the skills, training and accreditation in their respective sports events.
5. No Athletes' and Coaches' requirements/papers, NO Play.
6. The conduct of official regular sports in the elementary and secondary levels as provided by DepEd Order No. 005, s. 2023 and Section 27 of Rule VI of the Implementing Rules and Regulation (IRR) of Republic Act (RA) 10588 otherwise known the Palarong Pambansa Act of 2013 shall remain to be played in this school year. On the condition that if there shall have any changes or issuances coming from the Central Office/Palarong Pambansa Secretariat regarding the latest sports guidelines, said changes/order shall prevail.
7. The cut off date for the ages of all student athletes:
 - a. Elementary Level - January 2011
 - b. Secondary Levels - January 2006

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19 JAN 2024



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DEPED DIVISION OF NAGA CITY
 RECORDS SECTION
RELEASE
 24010001
 DATE: 19 JAN 2024 TIME: 2:08 PM
 BY: *[Signature]*

TANGGAPANG PANSANGAY NG MGA PAARALAN NG LUNGSOD NAGA

Enclosure No. 2, of the DM No. 22, s. 2024

DEPED NAGA PALARONG PANLUNGSOD 2024

School: _____
 Event: _____

Category: Elementary Boys ___ Elementary Girls ___
 Secondary Boys ___ Secondary Girls ___

Coach: _____ Functional: _____ Facebook/
 CP No. _____ Messenger _____
 Asst. Coach: _____ CP No. _____ Messenger _____
 Chaperon: _____ CP No. _____ Messenger _____

Name of Athletes: (Alphabetical Order)

No.	First Name	MI	Last Name	Date of Birth	Age	LRN
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

School Sports Coordinator: _____ CP No. _____ Messenger: _____

School Head: _____ CP No. _____ Messenger: _____

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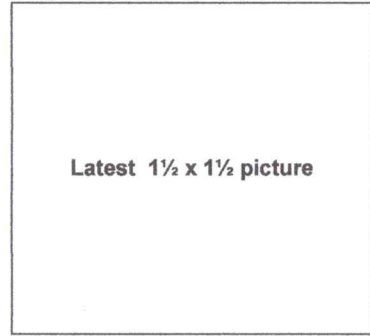
240119 JAN 2024

AR (ATHLETE RECORD)



_____ Region

_____ Division



Latest 1 1/2 x 1 1/2 picture

A. PERSONAL DATA:

Name: _____

(Last)

(First)

(M.I.)

Sex: _____ Learner Reference Number (LRN) _____ Contact Number _____

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

School: _____ Grade Level _____

Address of School: _____

Present Address: _____

Parents: _____

Fathers Name

Mother/Guardian

Address of Parents/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 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)

24070001
19 JAN 2014

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Republic of the Philippines
DEPARTMENT OF EDUCATION
Region V
Division of Naga City

School

Address

CERTIFICATE OF ATTENDANCE

Date: _____

To Whom It May Concern:

This is to certify that _____ has
been enrolled for the:

_____ current school year

_____ current semester.

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

Adviser
(Signature Over Printed Name)

School Head/Registrar
(Signature Over Printed Name)

FOR PALARONG PAMBANSA ONLY

24010001
19 JAN 2024

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(REGION)

(DIVISION)

(SCHOOL)

(School Address)

MEDICAL CERTIFICATE

24010001

To Whom It May Concern:

This is to certify that I have personally examined _____
 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.

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

Event: **FOOTBALL - SECONDARY**

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. Muskuloskeletal: 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

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:

24010001
19 JAN 2024

Handwritten initials

_____
(Region)_____
(Division)_____
(School)_____
(School Address)

Athlete's Name: _____

Birthdate: _____

Date of Examination: _____

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	

AP

Republic of the Philippines
DEPARTMENT OF EDUCATION



(Region)

(Division)

(School)

(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 received 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

Date

24010001
19 JAN 2021

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Republic of the Philippines
DEPARTMENT OF EDUCATION

Region V
Naga City

School

Address

Date

PARENTAL CONSENT

I/We hereby willingly and voluntarily give consent to the participation of my/our son/daughter _____ in the Division Selection of Student Athlete in Athletics at Metro Naga Sports Complex/ other available Playing venues in Naga City on _____.

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.

Signature of Father Over Printed Name

Signature of Mother Over Printed Name

Verified:

Adviser
(Signature Over Printed Name)

Principal
(Signature Over Printed Name)

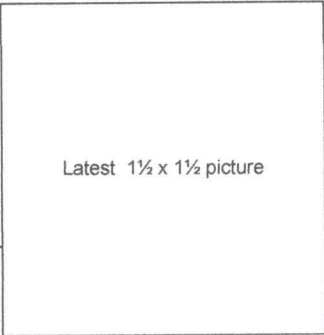
24010001
9 JAN 2024



Republic of the Philippines
DEPARTMENT OF EDUCATION

Region _____
Division _____

DENTAL HEALTH RECORD



Latest 1 1/2 x 1 1/2 picture

Name: _____
Age: _____ Sex: _____ Birth Date: _____
Event: _____
Parent/Guardian: _____

CONDITION AND TREATMENT NEEDS

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

YEAR LEVEL											REMARKS
DATE											
EXAMINATION											
SEALANT (GI)											
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 SHADE - TOOTH WITH TEMPORARY 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 EUGENOL FILLING
 - TF - TEMPORARY FILLING
 - R - REFERRED TO PRIVATE DENTIST
 - UN - UNERUPTED TOOTH

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

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)

2401000119 JAN 2021



Republic of the Philippines
DEPARTMENT OF EDUCATION

Region

Division

School

School Address

Date

CERTIFICATE OF COMMITMENT

I, _____, of legal age, single/married/widow,
(Name of Chaperon)
Filipino citizen, and presently working as _____
(Position)
at _____, hereby commit myself to nurture
(Work Address)
the athletes of _____, 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.

Signature over Printed Name of Chaperon

Verified:

School Head
(Signature Over Printed Name)

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)

Handwritten mark

24010001 89 JAN 2021 *Handwritten mark*

Republic of the Philippines
DEPARTMENT OF EDUCATION
Region V
Division of Naga City



School

School Address

MEDICAL CERTIFICATE
(COACHES, ASSISTANT COACHES, CHAPERONE, OFFICIATING OFFICIALS)

(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

School/Intrams/District Meet _____ Physician/Medical Officer <i>(signature over printed name)</i> 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 <i>(signature over printed name)</i> 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 <i>(signature over printed name)</i> 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 <i>(signature over printed name)</i> 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)

24010001
18 JAN 2024

Handwritten mark



(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
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. Muskuloskeletal: 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 _____ 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: _____

27010001
19 JAN 2024



Republic of the Philippines
DEPARTMENT OF EDUCATION
Regional Office _____
Schools Division of _____

AFFIDAVIT/SWORN STATEMENT OF ACTUAL CARE AND CUSTODY

I _____, resident of _____, of legal age, Filipino state that:

1. I have the actual care and custody of minor child _____, who is my _____ (filial relationship to the child, if any).

2. I further state that the actual care and custody was vested upon me since _____ 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 _____ in

_____.

Verified:

Printed Name over Signature

Adviser
(Signature Over Printed Name)

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



REGION V

 REGION
 NAGA CITY

 DIVISION

**BASEBALL - SECONDARY
 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		
		NAME		
		SCHOOL		
Chaperon	A.	CERTIFICATE OF COMMITMENT		
	B.	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

24010001 10 9 JAN 2024