



Republic of the Philippines
Department of Education



(Region)

(Division)

PARENTAL CONSENT

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

I have considered the benefits that my son or 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 son/daughter and that DepED employees and personnel may not be held responsible for any untoward incident that may happen beyond their control.

Signature of Father

Signature of Mother

Name of Father

Name of Mother

Signature of Guardian over Printed name

(Relationship with the Athlete)



Republic of the Philippines
Department of Education
Cordillera Administrative Region
DIVISION OF BAGUIO CITY



MEDICAL CERTIFICATE

(Date)

To Whom It May Concern:

This is to certify that I have personally examined _____
Name
age _____ sex _____ born on _____ and have found that he/she is
physically fit, during the time of examination, to join and compete in the lower meets and
Palarong Pambansa.

Event: _____

Physical Examination

Date examined: _____

Height _____ Weight: _____ Blood Pressure _____
Pulse, Resting _____ Respiratory Rate _____
Other Remarks: _____

Physician/Medical Officer
(Signature over printed name)

License No. _____
PTR.: _____
Date: _____

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

SWORN STATEMENT

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 20__ Palarong Pambansa;

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

That all the athletes of _____, who will participate in
the 20__ Palarong Pambansa are eligible;

That I execute this Sworn Statement 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 this _____ day of
_____, 20__ in _____, affiant exhibiting to
me his/her Community Tax Certificate No. _____,
issued on _____ in _____.

SDS / Administrative Officer



Republic of the Philippines
Department of Education
Cordillera Administration Region
DIVISION OF BAGUIO CITY



CERTIFICATE OF EMPLOYMENT

(for *Private School*)

Date _____

To Whom It May Concern:

This is to certify that Mr./Ms. _____ is presently employed in _____ as _____, since _____ or for a period of _____.

This certification is issued upon the request of _____ to coach in Regional Meet (CARAA 2012) up to Palarong Pambansa 2012.

School Administrator/Official
(Signature over printed name)



Republic of the Philippines
Department of Education
Cordillera Administration Region
DIVISION OF BAGUIO CITY



CERTIFICATE OF EMPLOYMENT

(for *Public School*)

Date _____

To Whom It May Concern:

This is to certify that Mr./Ms. _____
is presently employed in _____
as _____, since _____ or for a
period of _____.

This certification is issued upon the request of
_____ to _____ in the Regional
Meet (CARRA 2012) up to Palarong Pambansa 2012.

School Head/Administrative Officer
(Signature over printed name)



Republic of the Philippines
Department of Education



(Region)

(Division)

(School)

CERTIFICATE OF ENROLMENT

Date: _____

To Whom It May Concern:

This is to certify that _____ has been
enrolled for the School Year _____.

School Head / Registrar
(Signature over printed name)



AR-I (ATHLETE RECORD)



C A R

 Region

B A G U I O

 Division

A. PERSONAL DATA:

Name: _____ Sex: _____
(Last) (First) (M.I.)

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

School: _____

Address of School: _____

Home Address: _____

Parents: _____
Fathers Name Mother/Guardian

Address of Parents: _____

B. Athlete's Participation in Local/International Competition

Inclusive Dates	Sports Event	Athletic Meet	Remarks

(Use separate sheet if necessary)

 Athlete's Signature

C. Athlete's Participation

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

Athletic meet	Coaches	Division PESS Supervisor/s
		FERNANDO B. ELEPONGA
		FERNANDO B. ELEPONGA
		FERNANDO B. ELEPONGA

(Use separate sheet if necessary)

Screened by:

Division Meet

Regional Meet

 (Signature over Printed Name)

 (Signature over Printed Name)

