

Republic of the Philippines DEPARTMENT OF EDUCATION Cordillera Administrative Region Division of Baguio City NORTH QUEZON DISTRICT

NORTH QUEZON DISTRICT MEMORANDUM

To:

North Quezon District School Heads

North Quezon District Sports Coordinators

North Quezon District Tournament Managers

ches, Trainers, and Athletes North Quezon District T

From:

UGUSTIN P. LAB Schools Division SuperInte

Subject:

Nevember 3, 2016 Date:

The Final Schedule of the North Quezon District Sports Meet will be on November 10-11, 2016 in different venues in Baguio City.

2. Documentary Requirements are:

a. Clear Photocopy of NSO/PSA Birth Certificate

b. AR-1 Form

c. Parent/Guardian's Consent Form

d. Certificate of Enrolment

e. Medical and Dental Certificate (for Taekwondo and Arnis ONLY) (Please see printable samples of the requirements in the following pages)

- 3. All accomplished documents shall be submitted to the tournament managers for verification on or before November 9, 2016.
- 4. Athletes' Cut-off age for the Elementary Level is on January 1, 2004.
- 5. Medical and Dental Check-up will be conducted on November 7, 2016 at the Division Office at 1:00 4:00 PM only. As requested by the medical team, the medical and dental forms should already be filled-up neatly and understandable once they are at the Division Office. Also, athletes should have their fingernails shorten/cut. According to them, long fingernails will not be included in the check-up.
- 6. Likewise for the height verification of the taekwondo players, it will also be conducted on November 7, 2016 at 1:00 - 5:00 P.M. the division office (maybe right after the medical and dental check-up). For more information, please contact Mr. Rommel Madayag (Taekwondo Tournament Manager) over 09165615920.
- 7. All participants must attend the opening program at Loakan Elementary School at 8:00 AM. Please be on or before time.
- 8. For the flag raising, each school must bring their own rope and pulley (flags will be provided)
- 9. For the scheduled time and venue of each event, please see attached matrix.
- 10. All lone candidates for each events (baseball, basketball, and swimming) will represent the district for the Palarong lungsod.
- 11. Schools must wear the designated color coding, (see attached matrix for the color coding)
- 12. All coaches and athletes must be at the playing venues on time on the scheduled dates.
- 13. In case of protests, (a) only the official coach shall have the right to protest, (b) all protests must be put onto black-and-white/written form, (c) rulebook or ground rules must be held by the protesters for reference, (d) a protest fee of P 5,000.00 must be paid, as agreed during the school sports coordinator's meeting.
- 14. Please be vigilant for additional information or possible changes should there be any.
- 15. Immediate and widest dissemination of this memorandum to all concerned is desired. Please be guided accordingly. Thank you.

MATRIX OF ACTIVITIES OF THE NORTH QUEZON DISTRICT SPORTS MEET (November 10-11, 2016)

AMBA para de la companya de la comp	on their administrators					
ı	private schools depends	(Asst.) Edwin Madalang (09184943546)	School	8:00 - 5:00	November 11, 2016	
ŧ	Color Coding for the	Arturo Del Rosario (09499040015)	Gibraltar Elementary	1:00 - 5:00	November 10, 2016	Volleyball
				8:00 - 5:00	November 11, 2016	`
Maroon	Kias Elementary School	Rommel Madayag (09165615920)	YMCA Gym	1:00 - 5:00	November 10, 2016	Taekwondo
	School		Elementary School	8:00 - 5:00	November 11, 2016	
White	Gibraltar Elementary		Fort Del Pilar	1:00 - 5:00	November 10, 2016	Table tennis
	School	CT	LONE CANDIDATE FOR THE DISTRICT	LONE CAND		Swimming
Yellow	Country Club Elementary			8:00 - 5:00	November 11, 2016	
	School	Jason Dalisdis (09072584130)	Loakan Elem. Sch.	1:00 - 5:00	November 10, 2016	Sipa
Violet	Lindawan Elementary			8:00 - 5:00	November 11, 2016	
		Digna Yogcayog	Athletic Bowl	1:00 - 5:00	November 10, 2016	Kadang-kadang
Orange	Rizal Elementary School	Kathleen Lumidao (09083921819)	School	8:00 - 5:00	November 11, 2016	
		Junar Diguel (09124678937)	Rizal Elementary	Right after the opening	November 10, 2016	Chess
		LONE CANDIDATE FOR THE DISTRICT, (combined basketball players of Gibraltar Elem. School and Loakan Elem. School)	d basketball players of Gibralt	FOR THE DISTRICT, (combine	LONE CANDIDATE	Basketball
,		(Asst.) Sheila Piso				
	School	Feliza Mongao (09268951729)	Manger	To be announced by the Tournament Manger	To be an	Badminton
Neon Green	Loakan Elementary	CT	LONE CANDIDATE FOR THE DISTRICT	LONE CAND		Baseball
	Elementary School	(Asst.) Jimmy Garcia (09476970407)	School	8:00 - 5:00	November 11, 2016	
Green	Happy Hallow	Pamela Estigoy	Loakan Elementary	1:00 - 5:00	November 10, 2016	Arnis
	School			8:00 - 5:00	November 11, 2016	
Red	Springhills Elementary	Donald Guhic (09999666636)	Athletic Bowl	1:00 - 5:00	November 10, 2016	Athletics
Color coding	Schools	TOURNAMENT MANAGERS	VENUE	TIME	DATE	EVENT

Fart Pel Pilar Elementary School

Blue

SEAN NG EOUT		A	R-I (ATHLETE RECORD)
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			Latest 1½ x 1½ picture
	Division	kanda andra aglicani da se di agui da se a disense	
A. PERSONAL DATA:			
Name:	(Last)	(First)	(M.L)
Sex:	Learner Reference Number (LRN)		Contact Number:
Date of Birth:		Age:	Place of Birth:
		E	BEIS (Private School Number
Address of			
Parents:			
Address of	Fathers Name		Mother/Guardian
Parents:	n in Local/International		
Competition Inclusive Dates	Sports Event	Athletic Meet R	
(Use separate sheet if necessar	y)		
O Adhladala Dandinin adia	_	A	thlete's Signature
_	n sed on our knowledge the abov	ve-mentioned athlete	e has participated
in the lower meets. Athletic meet	Name of Coach	Signature	Division PESS Supervisor/s
		SINCHMODISTRICT	Designation
(Use separate sheet if necessar	y)		
Screened by:			
(Signature over P	Printed Name)	Date	(Signature over Printed Name)
;		:	arentusy in resonant additional.

North Quezon District



Republic of the Philippines

DEPARTMENT OF EDUCATION

(Region)	
(Division)	-
(School)	
(School Address)	-

CERTIFICATE OF ENROLMENT

	Date:
To Whom It May Concern:	
	has been enrolled for the School Year
	Principal/School Head/Registrar

(Signature over printed name)



Republic of the Philippines **DEPARTMENT OF EDUCATION**

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

PARENTAL CONSENT

I/We hereb	y willingly and	l voluntarily	give o	consent the partic		my/our son/daug nal Meet and Palai	
Pambansa.					,		Ü
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Signature o	f Father	-		Signature of Mothe	er	-	
Name of I	ather	-		Name of Mother		-	
		e of Guardian ov					
Verified by :							
-	Teacher-	Adviser/School	Head/Reg	istrar			
			Rem	arks:			



Republic of the Philippines DEPARTMENT OF EDUCATION

Region	i go
Division	_

DENTAL HEALTH RECORD

Latest 1% x 1% picture

					-	
Name:						
Age: Sex	Birth Date	Date				
Event:	Ampetanismosi majasana ausoinmosi, ninesi da di informita di majasa (majasa di informita di info					
Parent/Guardian:						
Coach:						
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SHADE FILLING	(1-2 QUADRANTS)		ARTIFICIAL RESTORA	TION		
RC - RECURRENT CARIES	Gs - SEVERE GINGIVITIS		JACKET CROWN			
RF - ROOT FRAGMENT	(3-4 QUADRANTS) CMR - COMPLETE MOUTH REHAB		INLAY			
M - MISSING TOOTH	(√) - SOUND ERUPTED PERMANENT	ZOE -	ORAL PROPHYLAXIS ZINC OXIDE UEGENO			
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Division Meet	Remarks/Findings:		201 - 100 -		national	ana management
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DENTIST					-	
(signature over printed name) PRC: LICENSE:	Date Examined:				-	
Regional Meet	Remarks/Findings:		CONTRACTOR OF THE PROPERTY OF THE PERSON OF		TO THE PARTY OF TH	mediae en
DENTIST						
(signature over printed name)	Date Examined:				Monteur	
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DENTIST						
(signature over printed name)					-	
PRC: LICENSE:	Date Examined:	stylen on a company to the state.			er - waren dellere	personal



Republic of the Philippines DEPARTMENT OF EDUCATION

 (Pagion)	
(Region)	
(Division)	
(School)	
,	
(School Address)	
(Division) (School) (School Address)	

MEDICAL CERTIFICATE

			(Date)
To Who	m It May (Concern:	
T	his is to ce	rtify that I have persor	nally examined
age	sex	born on	Name and have found that he/she is
physicall	y fit, during	g the time of examinat	ion, to join and compete in the lower meets and
Palarong	Pambansa		
Event:			
Physical	Examinat	ion	
Date exar Height	mined:	Weight:	Blood Pressure
Pulse, Res	and		Respiratory Rate
	where		
			Physician/Medical Officer (Signature over printed name)
			License No PTR.: Date:

NORTH QUEZON DISTRICT