PALARONG LUNGSOD 2016

Required Documents to be submitted (Follow the arrangement/Folder /athlete)

A. Front Cover - Indicate the District, Event, Level and Gender (boys or Girls)

- B. Front Page List of Athletes indicting the LRN, Date of Birth, Age, Name of School, School ID and school address duly signed by the Coach and District PSDS.
- C. Gallery with latest 1 ½ X1 ½ I.D Picture .Athletes shall be arranged alphabetically.

D. Coaches and chaperons documents to be submitted:

1. Certificate of Employment

2. Medical certificate

3. Certificate or any document(s), duly issued by competent authorities, showing the eligibility, membership and experience of coaches and assistant coaches.

4. Affidavit of coach attesting the authenticity, validity and correctness of the entries of all the documents submitted, duly signed by the District PSDS.

E. Athletes Documents to be submitted.

1. AR - 1 (Athlete's Record) signed by the athlete and coach

 Photocopy of NSO Birth certificate (Elem. Athlete should be born in 2004 or later & Secondary athletes born in 1999 or later)

Form 137 – certified true copy form original/computer generated. Reflect the 1st Semester Grades, MUST not have 3 or more Failing grades in any learning areas for the S.Y 2016-2017. Duly prepared and signed by the teacher with fresh

signatures of the Registrar or School Head /Principal.

4. Certification of Enrolment duly signed by the school registrar or school head. Parents/guardian consent verified by the Teacher/Adviser and the Principal.

5. Medical certificate (w/ the complete name of the signing physician with license number and date of examination). The validity of the medical check-up is 3 months prior to the conduct of the CARAA 2017.

 Dental certificate (with a universal entry w/printed name of dentist and license number with the date of examination). 6 months validity.

Note: ALL REQUIRED DOCUMENTS SHOULD BE CHECKED BY THE TOURNAMENT SECRETARY BEFORE THE SCHEDULED PALARONG LUNGSOD.

2016 PALARONG LUNGSOD

Master List of Athletes

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																	54	Last Name
														3				First Name
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																		Şex
																		Birth Date
									:-								0	Category
Chaperon	Asst, Coach	Coach	Athlete	Position														
																		Sports Discipline
																		School Name
																		Şchoql Type
																		School I.D No.
																		School Address
																		Division
																		LRN

Prepared by:

Coach

District PESS Coordinator

Public School District Supervisor

Approved:

SWORN STATEMENT

I		, of lega	l age, single/m	arried, wit	th postal
address at		, after hav	ving duly sworr	ı in accorda	nce with
law hereby depo	se and state:				
That I	am presently	employed v	vith the		as
That I	have been emp				_ since
	vas designated ne 2016 Palarong			, , , , , , , , , , , , , , , , , , ,	who will
Training Pool	the athletes are and Developmen ports Commission	t Pool receivin	g monthly stip	end/allowa	nce from
That all the personal knowledge	he athletes recordedge;	ls submitted a	re true and com	ect to the b	est of my
Palarong Lungs			, who will par		
	recute this Affid ments submitte		to the auther	iticity and	veracity
by lifetime bar without prejud	nderstand that and or suspended lice to the filing time and my athle	from participa g of appropria	ting in school	sports con	npetitions
IN WITN	ESS WHEREOF , ii	I have hereum	ito set my han	d this, Ph	day of nilippines.
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		- ,,	Public Schoo	15	