

### Republic of the Philippines CITY GOVERNMENT OF BAGUIO **HEALTH SERVICES OFFICE**



January 6, 2018

Dr. Federico P. Martin, EdD, CESO VI Schools Division Superintendent DepEd Baguio City # 82 Military Cut-off Road, Baguio City

JAN 0 g 2018 DIVISION ( DebED

Dear Sir.

Greetings from Baguio City Emergency Medical Service!

The Baguio City Emergency Medical Services (BCEMS) is a non-profit organization established with the purpose of providing pre-hospital medical and trauma care within the city of Baguio and adjacent regions in times of emergency and disaster. The office is manned with volunteer Healthcare professionals operating 24/7 to respond to any kind of emergency calls.

Bound to serve the people in need, the BCEMS will be conducting a fun run entitled "BCEMS RUN FOR LIFE 4: HELPING HANDS" on the January 21, 2018 to fund our project for Medical Missions. In this light, we humbly request your good office to support our upcoming project by sending participants on the said event.

Fun run details are as follows:

3K-350 PHP

5K-450 PHP

10K-550 PHP

21K-700 PHP

Special category: Dog Run- 3K- 350 PHP (should have an updated anti rabies vaccine)

\*Registration includes singlet, race bib, and certificates

\*Registration is available at Baguio City Emergency Medical Service Office, Central Fire Station, Abanao Street.

For inquiries kindly call 442-1911 or 0905-555-1911. Thank you and God Bless!

Prepared by:

Sarah Jane Dao-ey/ RN, EMT Member

**Baguio City Emergency Medical Services** 

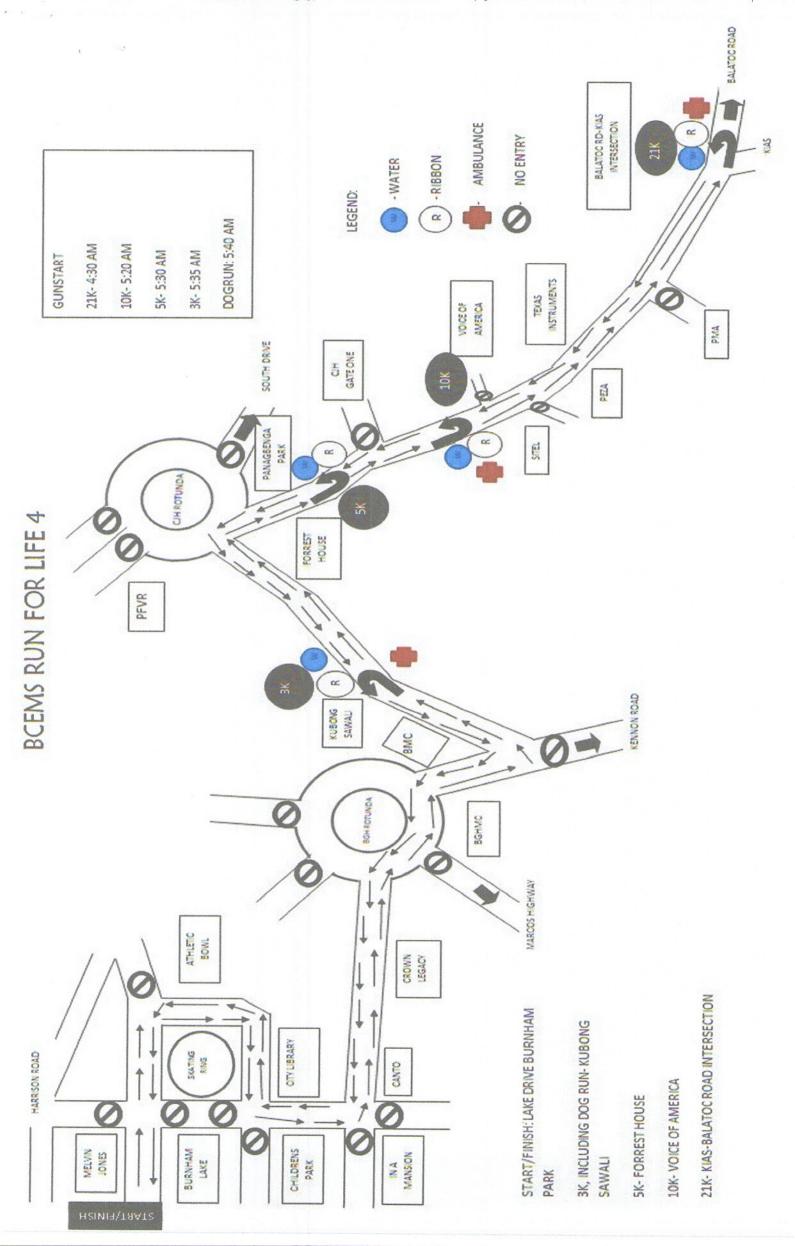
Noted by:

F. Halog MO-III Medical Director Baguio City Emergency Medical Service

Central Fire Station, Abanao Street, Baguio City, Philippines Telephone Numbers: (074)-442-1911/(074)-426-8619 Email Address: baguiocityems@gmail.com

To: All School Administrators, Principals & Teachers In-Charge (Elementary & Secondary) FOR YOUR INFORMATION & APPROPRIATE ACTION

FEDERICO P. MARTIN, Ed.D, CESO VI Schools Division Superintendent



350.00 PHP PUBLIC OF BUILD SOUND DING HANDS With Prizes and Certificates to be given to Participan DOC RUN 700.00 PHP 550.00 PHP 450.00 PHP 350.00 PHP 0000

REGISTER AT : BAGUIO CITY EMERGENCY MEDICAL SERVICE (BCEMS) Office (BESIDE FIRE STATION)

FOR INQUIRIES CONTACT: 09958209287-Meck 09353654630 -Elgin BCEMS Office: 442-19-11

# BCEMS RUN FOR LIFE 4

Age:		
IKC.	Birthdate (mm/dd/	/yy) Gender:
Mobile #	Email Address:	
Address:		
	& Registration Fee	Emergency Contact/Guardian
3km	Php350	Name:
3km Dog run (with updated an	Php350 nti rabies vaccine)	Phone #:
5km	Php 450	Relationship:
10km	Php 550	Address:
21km	Php 700	
Race number:		Guardian's consent for minors
	WAIVE	R OF LIABILTY
Signature over prin	ever I have authorized these	Signature over printed name of Parent /Guardian
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### BCEMS RUN HOR LIFE 4

#### REGISTRATION FORM

Manage	REGISIRAI	TON FURM
Name:		
Age: Birthdate (mm/dd		d/yy) Gender:
Mobile #	Email Address:	
Address:		
Race Distance	& Registration Fee	Emergency Contact/Guardian
3km	Php350	Name:
3km Dog run (with updated ar	Php350 nti rabies vaccine)	Phone #:
5km	Php 450	Relationship:

### WAIVER OF LIABILTY

Address:

Guardian's consent for minors

In consideration of being permitted to participate on the said event, I hereby certify that I am physically fit to run the race that I signed up. That I have read and understood the rules of the race and certify that I have full knowledge of the risks involved in this event and that I assume responsibility for all the risk of running I signed up for and thus releasing the organizers of BCEMS Run for Life 4 against any claim.

If, however, as a result of my participation require medical/emergency attention, I hereby give consent to authorize medical personnel to provide such medical care as deemed necessary. I assume and will pay any and all medical and emergency expenses in case of an accident or illness regardless of whatever I have authorized these payments.

Signature over printed name

10km

21km

Race number:

Php 550

Php 700

Date:

Signature over printed name of Parent /Guardian

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### BCEMS RUN FOR LIFE 4

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Name:		
Age:	Birthdate (mm/dd/	yy) Gender:
Mobile # Address:	Email Address:	
Address.		
Race Distance	& Registration Fee	Emergency Contact/Guardian
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Race number:		Guardian's consent for inmors
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Signature over prin	nted name Date:	Signature over printed name of Parent /Guardian
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## BCEMS RUN FOR LIFE 4

#### REGISTRATION FORM

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Name:			
Age:	Birthdate (mm/dd/yy)		Gender:
Mobile #	Email Address:		
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(with updated anti-rab		Phone #:	
5km Ph	ip 450	Relationship:	
	np 550	Address:	
	ip 700		
Race number:		Guardian's cons	sent for minors
1 2 2 2 2 2			
In consideration of bein	g permitted to participate	F LIABILTY on the said event,	I hereby certify that I am
responsibility for all the Run for Life 4 against an If, however, as a result of consent to authorize me assume and will pay any	of my participation required dical personnel to provide and all medical and emer have authorized these parame Date:	e medical/emerge e such medical carregency expenses in yments.	easing the organizers of BCEMS ncy attention, I hereby give
Data	ACKNOWLEDGEME	NT RECEIPT	
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payment for BCEMS	Run for Life 4 under t	he	category.
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# BCEMS RUN FOR LIFE 4 REGISTRATION FORM

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Mobile # Address:	Email Address:	
Address:		UHA 7
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3km	Php350	Name:
3km Dog run	n Php350	Phone #:
5km	Php 450	Relationship:
10km	Php 550	
21km	Php 700	Address:
Race number:		Guardian's consent for minors
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consent to authorize assume and will pa	ze medical personnel to pro	quire medical/ emergency attention, I hereby give ovide such medical care as deemed necessary. I emergency expenses in case of an accident or illness e payments.
Cionatuna ana	inted name Date:	Signature over printed name of Parent /Guardian
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