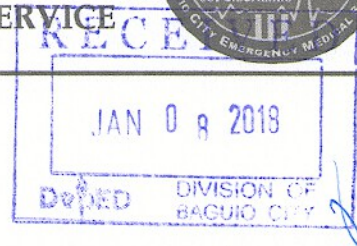




Republic of the Philippines
CITY GOVERNMENT OF BAGUIO
HEALTH SERVICES OFFICE
BAGUIO CITY EMERGENCY MEDICAL SERVICE



January 6, 2018



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

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:

A. Dao - ey
Sarah Jane Dao-ey RN, EMT
Member
Baguio City Emergency Medical Services

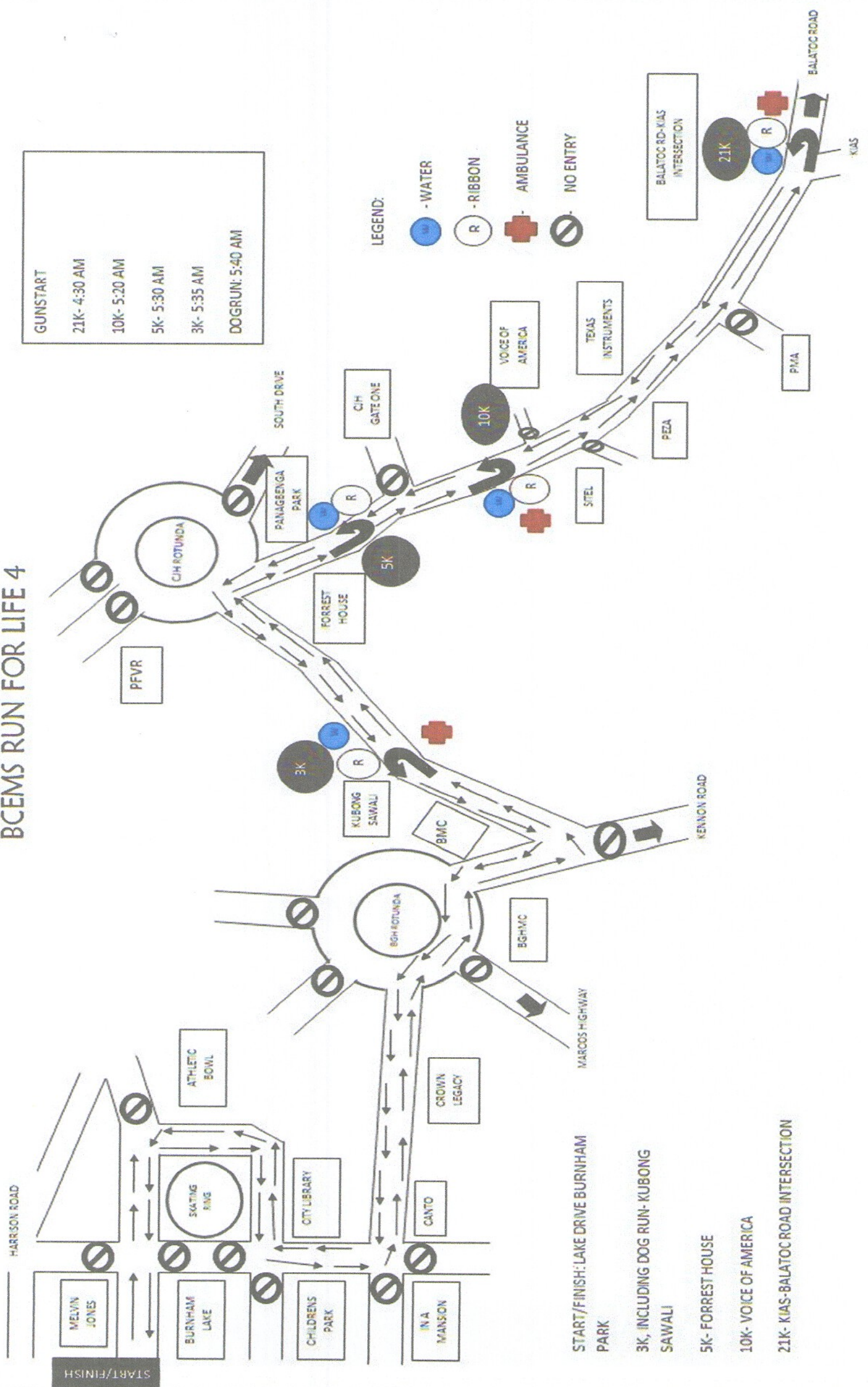
Noted by:

[Signature]
Dandeo 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
[Signature]
FEDERICO P. MARTIN, Ed.D, CESO VI
Schools Division Superintendent

BCEMS RUN FOR LIFE 4



GUNSTART
 21K- 4:30 AM
 10K- 5:20 AM
 5K- 5:30 AM
 3K- 5:35 AM
DOGRUN: 5:40 AM

LEGEND:
 (Blue circle) - WATER
 (Circle with R) - RIBBON
 (Red cross) - AMBULANCE
 (Circle with slash) - NO ENTRY

START/FINISH: LAKE DRIVE BURNHAM PARK
3K, INCLUDING DOG RUN- KUBONG SAWALI
5K- FORREST HOUSE
10K- VOICE OF AMERICA
21K- KIAS-BALATOC ROAD INTERSECTION

BCEMS RUN FOR LIFE 4: HELPING HANDS

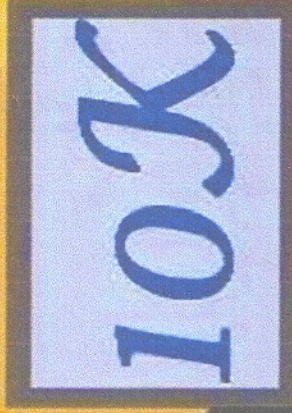
FEATURING:



350.00 PHP



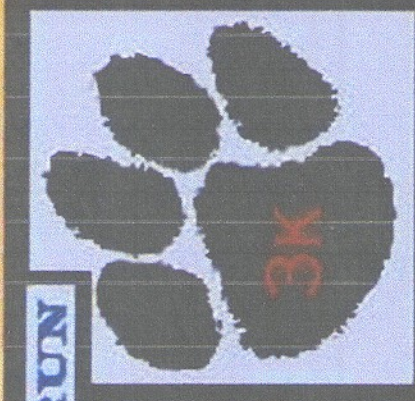
450.00 PHP



550.00 PHP



700.00 PHP



350.00 PHP

WINNERS:



JANUARY 21, 2018

ASSEMBLY TIME:
0400H

Lake Drive, Burnham Park Baguio City GUN START:
0430H

With Prizes and Certificates to be given to Participants



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 REGISTRATION FORM

Name:		
Age:	Birthdate (mm/dd/yy)	Gender :
Mobile #	Email Address:	
Address:		

Race Distance & Registration Fee	Emergency Contact/Guardian
3km Php350	Name:
3km Dog run Php350 (with updated anti rabies vaccine)	Phone #:
5km Php 450	Relationship:
10km Php 550	Address:
21km Php 700	Guardian's consent for minors
Race number:	

WAIVER OF LIABILITY

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 Date: _____
Signature over printed name of Parent /Guardian

ACKNOWLEDGEMENT RECEIPT

Date: _____

Received from _____ the amount of _____
(in words), Php _____ as a registration
payment for BCEMS Run for Life 4 under the _____ category.

Received by: _____
No. **73000917**

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

ACKNOWLEDGEMENT RECEIPT

Date: _____

Received from _____ the amount of _____
(in words), Php _____ as a registration
payment for BCEMS Run for Life 4 under the _____ category.

Received by: _____
No. **73000917**

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

BCEMS RUN FOR LIFE 4 REGISTRATION FORM

Name:		
Age:	Birthdate (mm/dd/yy)	Gender :
Mobile #	Email Address:	
Address:		

Race Distance & Registration Fee	Emergency Contact/Guardian
3km Php350	Name:
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10km Php 550	Address:
21km Php 700	Guardian's consent for minors
Race number:	

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Signature over printed name

Date: _____

Signature over printed name of Parent /Guardian

ACKNOWLEDGEMENT RECEIPT

Date: _____

Received from _____ the amount of _____
(in words), Php _____ as a registration
payment for BCEMS Run for Life 4 under the _____ category.

Received by: _____

No. 43000918

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

ACKNOWLEDGEMENT RECEIPT

Date: _____

Received from _____ the amount of _____
(in words), Php _____ as a registration
payment for BCEMS Run for Life 4 under the _____ category.

Received by: _____

No. 43000918

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

BCEMS RUN FOR LIFE 4 REGISTRATION FORM

Name:		
Age:	Birthdate (mm/dd/yy)	Gender :
Mobile #	Email Address:	
Address:		

Race Distance & Registration Fee		Emergency Contact/Guardian
3km	Php350	Name:
3km Dog run (with updated anti rabies vaccine)	Php350	Phone #:
5km	Php 450	Relationship:
10km	Php 550	Address:
21km	Php 700	Guardian's consent for minors
Race number:		

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Signature over printed name Date: _____
Signature over printed name of Parent /Guardian

ACKNOWLEDGEMENT RECEIPT

Date: _____

Received from _____ the amount of _____
(in words), Php _____ as a registration
payment for BCEMS Run for Life 4 under the _____ category.

Received by: _____
No. 43000076

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

ACKNOWLEDGEMENT RECEIPT

Date: _____

Received from _____ the amount of _____
(in words), Php _____ as a registration
payment for BCEMS Run for Life 4 under the _____ category.

Received by: _____
No. 43000924

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

BCEMS RUN FOR LIFE 4 REGISTRATION FORM

Name:		
Age:	Birthdate (mm/dd/yy)	Gender :
Mobile #	Email Address:	
Address:		

Race Distance & Registration Fee	Emergency Contact/Guardian
3km Php350	Name:
3km Dog run Php350 (with updated anti rabies vaccine)	Phone #:
5km Php 450	Relationship:
10km Php 550	Address:
21km Php 700	Guardian's consent for minors
Race number:	

WAIVER OF LIABILITY

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Signature over printed name Date: _____
Signature over printed name of Parent /Guardian

ACKNOWLEDGEMENT RECEIPT

Date: _____

Received from _____ the amount of _____
(in words), Php _____ as a registration
payment for BCEMS Run for Life 4 under the _____ category.

Received by: _____
No. 43000925

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

ACKNOWLEDGEMENT RECEIPT

Date: _____

Received from _____ the amount of _____
(in words), Php _____ as a registration
payment for BCEMS Run for Life 4 under the _____ category.

Received by: _____
No. 43000925

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

BCEMS RUN FOR LIFE 4 REGISTRATION FORM

Name:		
Age:	Birthdate (mm/dd/yy)	Gender :
Mobile #	Email Address:	
Address:		

Race Distance & Registration Fee	Emergency Contact/Guardian
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Signature over printed name Date: Signature over printed name of Parent /Guardian

ACKNOWLEDGEMENT RECEIPT

Date: _____

Received from _____ the amount of _____
(in words), Php _____ as a registration
payment for BCEMS Run for Life 4 under the _____ category.

Received by: _____

No. 83000926

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

ACKNOWLEDGEMENT RECEIPT

Date: _____

Received from _____ the amount of _____
(in words), Php _____ as a registration
payment for BCEMS Run for Life 4 under the _____ category.

Received by: _____

No. 83000926

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