



Department of Education
Region III
DIVISION OF CITY SCHOOLS
Angeles City



RELEASED

DEC 07 2017

By
DepED /
Division of City Schools

December 7, 2017

DIVISION MEMORANDUM

No. 511 s. 2017

DIVISION PRE SCREENING OF ATHLETES, COACHES AND ASSISTANT COACHES WITH THE DOCUMENTARY REQUIREMENTS

To: Public and Private Elementary, Junior and Senior High Schools

1. The Central Luzon Regional Athletic Meet is scheduled on **February 26, 2018 to March 2, 2018 in Bulacan.**

2. Similarly, the Regional Screening is tentatively scheduled on **December 2017 to January 2018.**

3. In this regards, a Division Pre Screening of Athletes, Coaches and Assistant Coaches with their documentary requirements will be conducted on **December 13, 2017 to December 16, 2017 from 8:00 A.M. to 5:00 P.M., Gabaldon Building**, in preparation for the Regional Screening for CLRAA:

4. **The Schedules of the Screening are as follows:**

December 13, 2017

Archery EB,SB/EG,SG = OB Montessori, Gueco Balibago ES, Holy Family Academy

Athletics Elementary EB,SB/EG,SG = West District, HAU, Public High Schools

Baseball EB = Sapalibutad ES, and **Softball** EG = Sapalibutad ES

Swimming EB,SB/EG,SG = HFA, Westfields, AUF

Table Tennis EB,SB/EG,SG = East District, South District, Holy Angel University

December 14, 2017,

Chess EB,SB/EG,SG = North District, East District, HAU, Public High Schools

Basketball EB,SB/SG = East District, Systems Plus College Foundation, Public High Schools

Football/Futsal/Gymnastics = Westfields

December 15, 2017

Arnis EB,SB/EG,SG = West District, SPCF, Public High Schools

Volleyball EB,SB/EG,SG = HFA, HAU

Dance Sports/Billiards/Boxing

December 16, 2017

Sepak Takraw EB,SB/EG,SG = South District, Public High Schools

Badminton EB,SB/EG,SG = East District, SPCF, HAU

Taekwondo EB,SB/EG,SG = East District, HAU

5. Documents to be submitted during Pre Screening:

ATHLETES

1. **GALLERY** with passport size 1 ½ by 1 ½ identical and clear picture with Name Tag (Surname, First Name, Middle Name), with Grade Level;
2. **Original and Photocopy NSO/PSA Birth Certificate** of athletes;
3. **Athlete's Record (AR-1)** with passport size 1 ½ by 1 ½ identical and clear picture with Name Tag (Surname, First Name, Middle Name), with Grade Level signed by Athlete, Coach and Supervisor;

In the case of a foreign-born Filipino athlete, in lieu of NSO/PSA Birth Certificate, the Original Birth Certificate issued by the country of his/her birth and a valid passport or a document issued by the Bureau of Immigration/DFA showing his/her nationality as a Filipino.

4. **Certified True Copy of Form 137** with LRN, duly signed by Teacher Adviser/Registrar/School Head and by Authorized Division Sports Officer;
5. **Certificate of Enrolment**, duly signed by School Head/Registrar;

Certificate of Completion duly signed by School Head/Registrar, in the case of **private schools** whose curriculum year starts on July onwards, athletes should be required to submit **Certificate of Attendance**

Certified Copies of Grades in the case of **private schools** who are enrolled under a semester/trimester program.

6. **Medical Certificate (Computerized)** issued **within three (3) months from the date of submission** and duly signed by the Physician (Complete Name, License Number, Date of Examination) **stating that the athlete is physically fit and within age limit required;**
7. **Dental Certificate** with Universal Entry, with passport size 1 ½ by 1 ½ identical and clear picture with Name Tag (Surname, First Name, Middle Name), with Grade Level, **should not be more than Six (6) months prior to the opening of each level of competition** duly signed by the Dentist (Complete Name, License Number, Date of Examination);

8. **Accreditation Card of Athlete** with passport size 1 ½ by 1 ½ identical and clear picture with Name Tag (Surname, First Name, Middle Name), with Grade Level;
9. **Parent's Consent** /(Guardian's Consent with Court Order), signed over printed name by parent/guardian and verified by the School Head/Registrar/Teacher Adviser, and
10. **Affidavit of Coach** attesting to the authenticity, validity and correctness to the entries in the AR 1, Birth Certificate, Form 137, Certificate of Enrolment, Medical Certificate, Dental Certificate and Parent's/Guardian's Consent submitted by the athlete.

COACH/ ASSISTANT COACH

(Coach and Assistant Coach must be school or DepEd personnel)

1. **Medical Certificate (A-4 Computerized)** issued **within Three (3) months from the date of submission** and signed by the Physician (Complete Name, License Number, Date of Examination) **stating that the coach is physically fit;**
2. **Accreditation Card of Coach** with passport size 1 ½ by ½ identical and clear picture with Name Tag (Surname, First Name, Middle Name)
3. **Certificate of Employment**, certified true copy of the original and duly notarized.
4. **Contract of Service** certified true copy of the original and duly notarized (6 months prior to the division meet)

6. Pre Screening Procedure:

The DSAC shall receive the documents (with SOFT COPY) of athletes, coaches and assistant coaches;

The DSAC shall interview athletes, coaches and assistant coaches in the following order:

- a. The coach/assistant coach will be interviewed **FIRST** based on the documents submitted;
- b. The DSAC shall refer immediately to the medical/dental team for further medical examination in case of doubtful findings regarding the coach/assistant coach. The finding(s) of the DSAC Medical Team shall be binding and official;
- c. The athlete shall be interviewed **NEXT** based on the submitted documents.
- d. The DSAC shall refer immediately to the medical/dental team for further medical examination in case of doubtful findings regarding the age and physical appearance of the athlete. The finding(s) of the DSAC Medical Team shall be binding and official.

The DSAC shall write down all findings, comments or notes on the front cover of the folder of the concerned athlete/team, **properly signed over printed name by the interviewer.**

7. **Division Screening And Accreditation:**

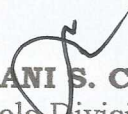
Chairman : Ryan M. Yamzon

Members: Jesus Tipino
Wilson Pugado
Regie Yamzon
Noel Pamintuan
Rosalie Punzalan
Mhon Galang
Ramil Rodriguez
Mirriam Benito

Legal Officer : Cristina Miguel

Medical Team : Dra. Donna Mae Batul
Dr. Ramil Policarpio
Dr. Nino Razon
Division Nurses

8. Immediate and wide dissemination of and strict compliance with this Memorandum is earnestly desired.


LEILANI S. CUNANAN, CESO VI
Schools Division Superintendent