



Republic of the Philippines
Department of Education
REGION X - NORTHERN MINDANAO
DIVISION OF MALAYBALAY CITY

2023-67558

DIVISION MEMORANDUM

No. 040, s. 2023

DM-2023-02-040
DFPED MALAYBALAY CITY DIVISION
RELEASED
FEB 06 2023 Time: 9:22
By: theodore

**TO : Assistant Schools Division Superintendent
Chief Education Supervisors, CID and SGOD
Public Schools District Supervisors
District Sports Coordinators
Elementary and Secondary School Heads
Private/SUC Sports Coordinators
All Others Concerned
This Division**

FROM : VICTORIA V. GAZO, PhD, CESO V
* Schools Division Superintendent *

DATE : February 3, 2023

SUBJECT : 2023 DIVISION SELECTION MEET

1. The Department of Education, Division of Malaybalay City through the School Governance and Operations Division (SGOD) in cooperation with the Curriculum Implementation (CID) and the Office of the Schools Division Superintendent (OSDS), announces the holding of the 2023 Division Selection Meet in February 24-26, 2023.
2. The division selection sports activity aims to achieve the following:
 - a. Select qualified athletes to represent our division to the Palarong Pamook;
 - b. Promote the value of sportsmanship during the games; and
 - c. Foster teamwork and camaraderie among the participants.
3. The cut-off age for athletes in the elementary level is 13 years old or must have been born on or after January 1, 2010, while in the secondary level is 18 years old or must have been born on or after January 1, 2005.
4. It is always the advocacy of the Division to develop hidden potentials/talents/skills of learners particularly in sports but considering the limited resources,



Address: Same Ni-way, Purok 6, Calibang, Malaybalay City
Telefax No.: 088-314-0094; Telephone No.: 088-813-1246
Email Address: malaybalay.city@deped.gov.ph



2014



Republic of the Philippines
Department of Education
REGION X - NORTHERN MINDANAO
DIVISION OF MALAYBALAY CITY

it is highly encouraged to identify and select focus sports (single/doubles and limited group events) where they can confidently compete and advance to the next level.

5. The following are the required documents to be submitted by the athletes and coaches who intend to participate in the palaro:

Athletes:

- a. Athlete's Record
- b. Original copy of PSA/NSO Birth Certificate
- c. Learner's Permanent Academic Record (SF 10/Form 137) with LRN (certified true copy from the original duly signed by the Teacher Adviser and Registrar/School Head).
- d. Certificate of Completion
- e. Parental Consent
Non-Combative Sports – parental consent of at least one parent duly verified by the school head.
Combative Sports including Gymnastics - parental consent signed by both parents duly verified by the school head.
- f. Medical Certificate issued within three (3) months
- g. Dental Certificate with a universal entry, issued within six (6) months

Coaches:

- a. Employment/Appointment paper or Contract of Service showing at least six (6) months
- b. Medical records
- c. License or Certifications/Accreditation
- d. Membership in any relevant sports association
- e. Track record of participation in the division and regional meet
- f. Relevant experience of one (1) year for non-combative sports and two (2) years for combative sports/gymnastics
- g. Relevant sports training of twenty-four (24) hours for non-combative sports and forty (40) hours for combative sports/gymnastics

6. The list of sports event to be contested and the Technical/Tournament officials/Event Managers and playing venues shall be released in the next issuance.

7. Should there be queries, contact Rosalio P. Arangco, Education Program Supervisor, SGOD at 0917 159 4825.



Address: Sayre Hi-way, Purok 6, Casisang, Malaybalay City
Telefax No.: 088-314-0094; Telephone No.: 088-813-1246
Email Address: malaybalay.city@deped.gov.ph



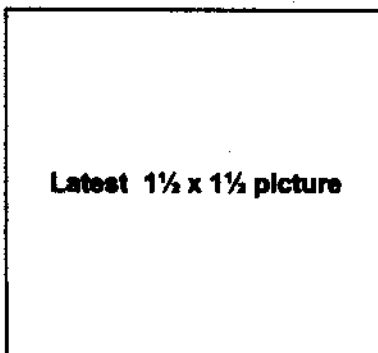
21 93 0060



AR-I (ATHLETE RECORD)

X-Northern Mindanao
Region

Division



A. PERSONAL DATA:

Name: _____
(Last) (First) (MI)

Sex: _____ Learner Reference Number (LRN) _____

Date of Birth: (mm/dd/yyyy) _____ Age: _____ Place of Birth: _____

School: _____ Athlete's Contact No. _____

Address of School: _____

Home Address: _____

Parents: _____
Fathers Name Mother/Guardian

Address of Parents: _____

B. Athlete's Participation in Local/International Competition

Inclusive Dates	Sports Event	Athletic Meet	Remarks

(Use separate sheet if necessary)

Athlete's Signature

C. Athlete's Participation

This is to certify that based on our knowledge the above-mentioned athlete has participated in the lower meets.

Athletic meet	Name of Coach	Signature	Division SGOD Chief/Sports Coord.

Screened by:

Division Meet

Regional Meet

(Signature over Printed Name)

(Signature over Printed Name)

Date: _____

Date: _____



Republic of the Philippines
DEPARTMENT OF EDUCATION

Region X

—
Division

—
School



CERTIFICATE OF COMPLETION

Date: _____

To Whom It May Concern:

This is to certify that _____ with LRN _____
has completed the Grade _____ (_____ Elementary _____ Secondary Level) for School Year _____ - _____

Principal/School Head/Registrar

(Signature over printed name)

FOR PALARONG PAMBANSA ONLY



Republic of the Philippines
Department of Education

(Region)

(Division)

PARENTAL CONSENT

I/We hereby willingly and voluntarily give consent the participation of my/our son/daughter
_____ in the lower meets up to the Palarong Pambansa.

I have considered the benefits that my son or daughter will derive from his/her participation in this activity provided that due care and precaution will be observed to ensure the comfort and safety of my son/daughter and that DepED employees and personnel may not be held responsible for any untoward incident that may happen beyond their control.

Signature of Father

Signature of Mother

Name of Father

Name of Mother

Signature of Guardian over Printed name

(Relationship with the Athlete)

Verified by:

Class Adviser
(Signature over printed name)

School Head / Registrar
(Signature over printed name)



Republic of the Philippines
Department of Education

(Region)

(Division)

MEDICAL CERTIFICATE

(Date)

To Whom It May Concern:

This is to certify that I have personally examined _____ age
_____ sex _____ born on _____ and have found that he/she is physically fit,
during the time of examination, to join and compete in the lower athletic meets and the Palarong
Pambansa.

Event: _____

Physical Examination

Date examined: _____

Height _____ Weight: _____ Blood Pressure _____

Pulse, Resting _____ Respiratory Rate _____

Other Remarks: _____

Physician/Medical Officer
(Signature over printed name)

License No. _____

PTR.: _____

Date: _____



Republic of the Philippines
Department of Education

(Region)

(Division)

CERTIFICATE OF EMPLOYMENT

(for Public Schools/DepED Personnel)

Date: _____

To Whom It May Concern:

This is to certify that Mr./Ms. _____ is presently employed in _____ as _____, since _____ or for a period of _____.

This certification is issued upon the request of _____ to coach in the lower athletic meets and the Palarong Pambansa 20__ at _____.

School Head/Administrative Officer



X

REGION

Division



EVENT

FOR PALARONG PAMBANSA USE ONLY

Coach	CERTIFICATE OF EMPLOYMENT		Assistant Coach/Chaperon
	AFFIDAVIT / SWORN STATEMENT		
	PERSONAL DATA SHEET		
	MEDICAL CERTIFICATE		
	TRAINING CERTIFICATE		
NAME			
CONTACT NUMBER			
DATE OF BIRTH			
SCHOOL			
ID Picture 1.5. X 1.5 white with nametag wearing orange jacket	AR - 1		ID Picture 1.5. X 1.5 white with nametag wearing orange jacket
	N S O		
	FORM - 137		
	CERTIFICATE OF ENROLMENT		
	CERTIFICATE OF COMPLETION		
	PARENTAL CONSENT		
	MEDICAL CERTIFICATE		
	DENTAL CERTIFICATE		
INTERVIEWED			
NAME OF ATHLETE			
LRN NO.			
CELL/CONTACT NUMBER			
DATE OF BIRTH			
SCHOOL			
ID Picture 1.5. X 1.5 white with nametag wearing orange jacket	AR - 1		ID Picture 1.5. X 1.5 white with nametag wearing orange jacket
	N S O		
	FORM - 137		
	CERTIFICATE OF ENROLMENT		
	CERTIFICATE OF COMPLETION		
	PARENTAL CONSENT		
	MEDICAL CERTIFICATE		
	DENTAL CERTIFICATE		
INTERVIEWED			
NAME OF ATHLETE			
LRN NO.			
CONTACT NUMBER			
DATE OF BIRTH			
SCHOOL			
ID Picture 1.5. X 1.5 white with nametag wearing orange jacket	AR - 1		ID Picture 1.5. X 1.5 white with nametag wearing orange jacket
	N S O		
	FORM - 137		
	CERTIFICATE OF ENROLMENT		
	CERTIFICATE OF COMPLETION		
	PARENTAL CONSENT		
	MEDICAL CERTIFICATE		
	DENTAL CERTIFICATE		
INTERVIEWED			
NAME OF ATHLETE			
LRN NO.			
CONTACT NUMBER			
DATE OF BIRTH			
SCHOOL			