



Republic of the Philippines
Department of Education

REGION IV- A CALABARZON
CITY SCHOOLS DIVISION OF THE CITY OF TAYABAS

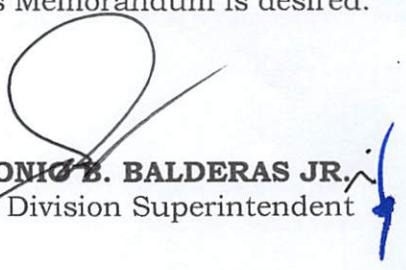
05 February 2026

DIVISION MEMORANDUM
No. 082 s. 2026

**REGIONAL SCREENING FOR THE 2026 REGIONAL ATHLETIC
ASSOCIATION MEET (RAAM)**

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Heads, Public and Private Elementary and Secondary Schools
Heads, Unit/Section
All Others Concerned

1. In reference to the **Regional Memorandum No. 93, s. 2026** titled **Omnibus Guidelines on the Eligibility of Athletes, Coaches, Assistant Coaches and Chaperones: Membership of the Regional Screening and Accreditation Committee in the 2026 Regional Athletic Association Meet**, this Office announces the conduct of the regional screening of division delegates to be conducted on **February 9, 2026** at **Luis Palad Integrated High School**.
2. The activity aims to evaluate the eligibility of athletes, coaches, assistant coaches and chaperones who will participate in the 2026 RAAM.
3. Participants to the activity are athletes, coaches, assistant coaches and chaperones. All participants shall be at the venue on or before 7:00 a.m.
4. Travel and other related expenses incurred in participation to this activity shall be charged against program support fund, or any local funds, subject to the existing accounting and auditing rules and regulations of the Department.
5. Attached are Enclosure 1 List of Division Screening Committee and TWG and Enclosure 2 copy of the Memorandum.
6. For further queries and clarification, you may contact Maria Corazon A. Borbon at 09175071780 or maria.borbon@deped.gov.ph.
7. Immediate dissemination and compliance of this Memorandum is desired.


CELEDONIO B. BALDERAS JR.
Schools Division Superintendent

DIVISION MEMORANDUM
No. 082 s. 2026

Page **2** of 3

Encl.: As stated

Reference: Regional Memorandum No. 93, s. 2026
To be indicated in the Perpetual Index
under the following subjects:

ATHLETIC MEET
SPORTS
TRAINING

SGOD - regional screening for the 2026 regional athletic association meet (raam)
SGOQ82EL-004272/February 05, 2026

Enclosure 1

LIST OF DIVISION SCREENING COMMITTEE AND TWG

	NAME	POSITION	OFFICE/SCHOOL
1	Maria Corazon A. Borbon	Education Program Supervisor	SGOD
2	Patrick Paul S. Cadavido	TA I	SGOD
3	Joan C. Salcedo, Md	Medical Officer III	SGOD
4	Jayne Paula T. Tulio, Dmd	Dentist II	SGOD
5	Mariles F. Contreras	Nurse II	SGOD
6	Lailani T. Omlas	Nurse II	SGOD
7	Alelie A. Padillo	Nurse II	SGOD
8	Erico P. Ybardolaza	HT IV	LPIHS
9	Frenalyne B. Tabernilla	PDO I	TWCS I
10	Jobelle L. Maningas	PDO I	Calumpang IS
11	Marilou C. Cuaterno	AO II	Rosario Quesada INHS
12	Adrian R. Aguirre	AO II	Pandakakae IS
13	Mila Rosa B. Pabularcon	PDO I	South Palale ES



Republic of the Philippines
Department of Education
REGION IV-A CALABARZON



30 January 2026

Regional Memorandum
No. 93 s.2026

**OMNIBUS GUIDELINES ON THE ELIGIBILITY OF ATHLETES,
COACHES, ASSISTANT COACHES, AND CHAPERONS;
MEMBERSHIP OF THE REGIONAL SCREENING AND
ACCREDITATION COMMITTEE IN THE 2026
REGIONAL ATHLETIC ASSOCIATION MEET**

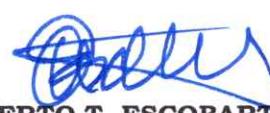
To: **Schools Division Superintendents**

1. In preparation for the 2026 Regional Athletic Association Meet (RAAM) and 2026 *Palarong Pambansa*, this Office issues these Omnibus Guidelines for the information, reference, and guidance of all concerned.
2. The data, information, and documentation needed from the Athletes, Coaches, Assistant Coaches, and Chaperons who will compete/participate in the Region's 2026 RAAM must be entered, digitized, and uploaded in the DepEd Athletic Meet Screening and Accreditation System (AMSAS) **on or before February 4, 2026**. To secure individual/separate access to said system, the Chairpersons of the Division Screening and Accreditation Committees (DSACs) of the Schools Division Offices are instructed to coordinate with the ICT Unit of this Regional Office.
3. For clarification/assistance and further information, please contact the following:

Atty. Kelvin P. Matib, Supervising Administrative Officer/OIC-Legal Unit and the **Chairperson** of the Regional Screening and Accreditation Committee through landline (02) 8682-2114 loc. 412 or via email at: kelvin.matib@deped.gov.ph

Rey M. Valenzuela, Information Technology Officer I, ICT Unit and the **Vice-Chairperson** of the Regional Screening and Accreditation Committee through landline (02) 8682-2114 loc. 414 or via email at: rey.valenzuela@deped.gov.ph

4. This Memorandum shall serve as the **Travel Order/Authority** of the members of the RSAC in the conduct of their scheduled Screening, Interview, and Evaluation of the Eligibility Requirements of the Athletes, Coaches, Assistant Coaches, and Chaperons across all Division Offices (See List of Screeners/Evaluators of RSAC and Schedules).
5. Travel expenses incurred by the Screeners and Evaluators of RSAC in the conduct of their scheduled Screening, Interview, and Evaluation of the Eligibility Requirements of the Athletes, Coaches, Assistant Coaches, and Chaperons shall be charged to their respective local funds, in accordance with the usual accounting and auditing rules and regulations.
6. The Screeners and Evaluators of RSAC shall be granted Compensatory Time-Off (CTO) as per *Civil Service Commission (CSC) and Department of Budget and Management (DBM) Joint Circular No. 2, s. 2004* dated October 4, 2004 on Non-Monetary Remuneration for Overtime Services Rendered for their actual participation on February 17, 2026 (Tuesday/Non-Working Holiday), March 14, 2026 (Saturday), and March 15, 2026 (Sunday).
7. The Omnibus Guidelines hereto attached as **Annex “A and Series”** shall take effect immediately upon its issuance and publication in the Official Website of this Region.
8. For immediate dissemination and strict compliance.



ATTY. ALBERTO T. ESCOBARTE, CESO II
Regional Director

GUIDELINES ON THE ELIGIBILITY OF ATHLETES, COACHES, ASSISTANT COACHES, AND CHAPERONS WHO WILL PARTICIPATE IN ALL SPORTS EVENTS

Section 1. Scope and application. These guidelines shall apply to all Sports Events in the 2026 Regional Athletic Association Meet (RAAM) of this Region.

Section 2. Eligibility of athletes. All athletes who will participate in all Sports Events shall prove his/her qualifications and none of the disqualifications. To be eligible, the athlete must be:

- i. A Filipino citizen.
- ii. Enrolled in a public or private school (with government recognition or government permit to operate) in the current year, regardless of the modality of learning, except those who are enrolled under ALS.
- iii. For learner-athletes in the Elementary level the athlete must have been **born on or after January 1, 2013**.
- iv. For learner-athletes in the Secondary level the athlete must have been **born on or after January 1, 2008**.
- v. Athletes born before the said dates shall be immediately disqualified to play for being overage.
- vi. For ALS learners: Athletes under Elementary shall be 12 years old and up while athletes under JHS shall be 16 years old and up.

In case of ParaGames for SNED learners: Eligibility and Documentary Requirements are governed by *DepEd Memorandum No. 21, s. 2024* on Para Games Technical Guidelines and other subsequent DepEd issuances.

Section 3. Grounds for Disqualification. The following athletes shall be disqualified or shall not be allowed to play in the Regional Meet:

1. Athletes who have been **declared over age**. Provided that, this shall not be applicable to athletes in games for ALS learners by way of an exception.
2. Elementary Athletes **with 3rd molar tooth**.
3. Athletes **with failing grades in three or more learning areas** in the Second Grading Period. Provided that, in cases of Grades 11 to 12, Athletes with failing grades in three or more learning areas in the First Semester shall be disqualified; Provided further that, this shall not be applicable to athletes in games for ALS learners by way of an exception.
4. Athletes **who became, have been, or are currently members of the National Team, National Training Pool, or National Development Pool and who received or are receiving stipend and/or allowance from the Philippine Sports Commission (PSC) or played in the SEA Games, Asian Youth Games and or**

Olympic Games; Provided, however, that those athletes who played in other foreign invitational competitions shall not be disqualified to play in the *Palarong Pambansa*; Provided further, that athletes participating in one sports discipline as members of the National Team, National Training Pool, or National Development Pool and who received or are receiving stipend and/or allowance from the Philippine Sports Commission (PSC) or played in the SEA Games, Asian Youth Games and or Olympic Games shall not be disqualified to play in **sports discipline other than the sport wherein the athlete participated** in as a member of the above-mentioned team or pools.

5. Athletes who: (a) **failed to submit the required documents**; (2) **failed to physically appear during the screening and interview** when required to do so; and (3) **failed to play in the Division Meet** unless the athletes have already participated in Division Meets conducted prior to the issuance of these guidelines or when his/her failure to appear is justifiable or due to a fortuitous event beyond his/her control.
6. Athletes **banned during the previous Palarong Pambansa, Regional Meet, and other lower meets** or disqualified during the preceding lower meets.
7. Other grounds include but are not limited to **falsification of documents, misrepresentation, and use of prohibited drugs.**

Section 4. Documentary Requirements. The following are the required documents to be submitted by athletes who intend to participate in the Regional Meet:

- i. **Athlete's Record (AR)** duly signed by the Athlete, Coach, Division Sports Officer, and Chairperson of the Division Sports Accreditation Committee.
- ii. **Original copy of PSA/NSO Birth Certificate.** Late registration of the Birth Certificate of an Athlete shall be accepted, provided the Birth Certificate is registered one year before the 2026 RAAM.

In case of multiple birth records, the first or earlier date of registration shall prevail. Date of registration is based on the entry indicated in the Office of the Civil Registrar.

For birth records with both primary and annotated documents, the annotated document shall prevail.

In case of foreign-born Filipino Athletes, in lieu of PSA/NSO Birth Certificate, the **original or Apostilled Birth Certificate** issued by the country where he/she was born and a valid passport or document issued by the Bureau of Immigration or Department of Foreign Affairs showing his/her Filipino nationality. Provided further, that the age

eligibilities/requirements are subject to the specific technical rules of each sports discipline.

- iii. **Certified true copy of the original or computer printed copy of Learner's Permanent Academic Record or SF10 (Form 137) with Learner Reference Number (LRN)** duly signed by the Teacher-Adviser and School Registrar or School Head.
- iv. For ALS learners, certified true copy of the original or computer printed of **Learner's Permanent Academic Record or ALS Form 5** with entries of Learner Reference Number (LRN) duly signed by the Teacher-Adviser and Registrar or School Heads.
- v. **Certificate of Enrolment and Attendance** duly signed by the School Registrar or School Head.

iv.a **For Grades 1 to 10:** a Certificate of Attendance (for RAAM) and Completion (for Palaro) stating that the athlete had attended and completed in the Curriculum/School Year.

iv.b **For Grades 11 to 12:** a Certificate of Attendance (for RAAM) and Completion (for Palaro) stating that the athlete had attended and completed in the Curriculum/School Year.

vi. **Parental/Guardian Consent**

v.a **Combative Sports including Gymnastics:** Parental Consent duly signed by **both parents** and duly verified by the School Head of the school where the Athlete is currently enrolled.

In case one or both parents is/are residing beyond the 50-kilometer radius from the athlete's actual residence, the signed Parental Consent from both parents shall be submitted and verified by the School Head of the school where the athlete is currently enrolled. Copy of the signed Parental Consent may be in electronic form (i.e. sent to the School Head or Coach through email or other electronic means).

In case of de facto separation, legal separation, annulment of marriage, or declaration of nullity of marriage of parents, the consent of the **parent with actual care and custody** of the Athlete is sufficient. Provided that, the Parental Consent is duly verified by the School Head of the school where the athlete is currently enrolled.

V.b **Non-combative Sports:** Parental Consent of **at least one (1) parent** is sufficient. Provided that, the Parental Consent is duly verified by the School Head of the school where the Athlete is currently enrolled. Provided further, that in case one or both parents is/are residing

beyond the 50-kilometer radius from the Athlete's actual residence, the signed Parental Consent from one (1) parent shall be submitted and verified by the School Head of the school where the Athlete is currently enrolled. Copy of the signed Parental Consent may be in electronic form (i.e. sent to the School Head or Coach through email or other electronic means).

If the Athlete is **orphaned or has no known parents or relatives** or any other similar circumstances, the caregiver or actual custodian shall execute a **Notarized Affidavit of Actual Care and Custody with Consent**.

Parental Consent is not required for athletes 18 years old and above (ALS learners).

vii. **Medical Certificate** duly issued within three (3) months before the opening of the Regional Meet, stating that the Athlete is physically fit. The complete name and signature of the physician shall appear on the Medical Certificate with his/her professional license number and date of issuance/examination. This is pursuant to *Regional Memorandum No. 675, s. 2025* on the Guidelines for the Medical and Dental Examination of Athletes, Coaches, Chaperons, and Officials for CALABARZON Sports Events.

In case of Division and Regional Meets, the Medical Certificate shall be issued by the Division and Regional Medical Officer/s, respectively. In case of unavailability, any government or DOH accredited Physician.

In case of Unit and District Meets, the Medical Certificate shall be issued by the School Medical Officer if any or any government or DOH accredited Physician.

viii. **Dental Certificate** with Universal Entry issued within six (6) months before the opening of the Regional Meet. The complete name and signature of the dentist shall appear on the dental certificate with his/her professional license number and date of issuance/examination. Provided that, no dental certificate is required for Secondary Athletes and ALS Athletes. This is pursuant to *Regional Memorandum No. 675, s. 2025* on the Guidelines for the Medical and Dental Examination of Athletes, Coaches, Chaperons, and Officials for the CALABARZON Sports Events.

In case of Division and Regional Meets, the Dental Certificate shall be issued by the Division and Regional Dentist/s, respectively. In case of unavailability, any government or DOH accredited Dentist.

In case of Unit and District Meets, the Dental Certificate shall be issued by the School Dentist if any or any government or DOH accredited Dentist.

ix. PasSport of the Student-Athlete containing the documents enumerated under Section 4 of this Rule and accessible through QR Code or password.

Soft copy of passport size 1 ½ x 1 ½, identical and clear pictures with name tag (surname, first name and middle initial) and with grade or year level, to be used for the Athlete's Record, Dental Certificate, Gallery and Accreditation Card.

Affidavit of the Coach, attesting to the authenticity, validity, and correctness of the entries on the above-mentioned documents.

x. Additional documents for Athletes in Special Sports Events for SWDL:

Intellectual Disability Certification – Psycho-Educational Assessment Tests conducted and certified by Psychologist or DepEd SPED Supervisor indicating the athlete's IQ level (70 and below);

Visual Impairment Certification – Test conducted and certified by an Ophthalmologist to determine the visual acuity (Totally Blind or Low Vision); and

Hearing Impairment Certification – Test conducted and certified by an Otorhinolaryngologist to determine that the athlete is unable to hear.

xi. The eligibilities are subject to the specific technical rules of each Sports Event.

Section 5. Eligibility and Documentary Requirements for Coaches and Assistant Coaches – Any school (private or public) personnel may be allowed/designated as a Coach or Assistant Coach, provided he/she meets and submits the following documentary requirements:

- a. He/she must be a Filipino citizen;
- b. Certificate of Relevant sports training of twenty-four (24) hours for non-combative sports and forty (40) hours for combative sports/gymnastics;
- c. Certificate of Relevant experience of one (1) year for non-combative sports and two (2) years for combative sports/gymnastics;
- d. Coach and assistant coach Track Record of participation in the Unit, Division, and Regional Meet;
- e. Educational and professional attainment of at least 2nd-year college, preferably sports-related course;

- f. Certificate of Membership in any relevant sports association; or License or certifications/ accreditation issued by the National/ International Sports Association, authorized organization, or by the DepEd (Division, Region, or Central Office);
- g. Medical Records (Medical Certificate of Fitness);
- h. Employment/Appointment Paper or duly Notarized Contract of Service that shows at least six (6) months of employment/engagement in the public or private school before the Division Meet;
- i. Omnibus Affidavit; and
- j. Other requirements, including but not limited to, documents that will establish the coaches' competence, integrity and capability, and its legal relationship to the school and/or athletes to show accountability.

Section 6. Qualification and Documentary Requirement for Chaperones (Certificate or any documents): a Chaperone may be designated to **accompany the female athlete** provided she meets the qualifications and submits the following documents duly issued by competent authorities, showing the following:

- a. Competence, integrity, capability, and relation to a school (i.e., Employment/ Appointment or Contract of Service showing at least six (6) months of employment/engagement in the public school or private school before the Unit Meet, Division Meet, Regional Meet, and *Palarong Pambansa*;
- b. Commitment that she will nurture female athletes only and shall not coach the athletes;
- c. Physically fit; for this purpose, a Medical Certificate is required; and
- d. Other eligibility that the RAA Board may require.

Section 7. Special Cases regarding discrepancies in the Livebirth of the Athlete

- a. In case of **discrepancy in the date of birth indicated in the PSA/NSO Birth Certificate and SF 10 (Form 137)**, the date of birth indicated in the PSA/NSO Birth Certificate shall prevail. As a remedy, the following additional requirements shall be submitted:
 - i. Certificate of Live Birth issued by the Local Civil Registrar (LCR);
 - ii. Joint Affidavit of two (2) disinterested persons attesting to the true date of birth of the athlete;
 - iii. Order/Resolution issued by the Head of the Delegation correcting the discrepancy in the SF 10 (Form 137).
- b. In case of **discrepancy in the name indicated in the PSA/NSO Birth Certificate and SF 10 (Form 137)**, the name indicated in the PSA/NSO Birth Certificate shall prevail. As a remedy, the following additional requirements shall be submitted:
 - i. Certificate of Live Birth issued by the LCR;
 - ii. Joint Affidavit of two (2) disinterested persons attesting to the true name of the athlete;

- iii. Order/Resolution issued by the Head of the Delegation correcting the discrepancy in the SF 10 (Form 137).
- c. In case the **first or last name is not found at the portion of the first or last name entered in the PSA/NSO Birth Certificate** but indicated in the box below of said portion, the following additional requirements shall be submitted:
 - i. Certificate of Live Birth issued by the LCR;
 - ii. Copy of the application/petition duly received by the LCR (supplemental report to the LCR/Court);
 - iii. Affidavit of the parents, attesting to the true first or last name of the athlete;
 - iv. Joint Affidavit of two (2) disinterested persons attesting to the true first or last name of the athlete;
 - v. Order/Resolution issued by the Head of the Delegation attesting the athlete's true first or last name as shown in the foregoing records.
- d. In case an **illegitimate child (athlete) uses the surname of his / her father as indicated in the SF 10 (Form 137)**, the following additional requirement shall be submitted:
 - i. PSA/NSO Birth Certificate with the second page showing acknowledgment by the father or a notarized acknowledgment signed by the father.
- e. In case of **unreadable entries in the PSA/NSO Birth Certificate**, the following additional requirements shall be submitted:
 - i. Certificate of Live Birth issued by the LCR;
 - ii. Affidavit of the parents, attesting to the true and correct entries;
 - iii. Joint Affidavit of two (2) disinterested persons attesting to the true entries;
 - iv. Order/Resolution issued by the Head of the Delegation attesting the true and correct entries as shown in the foregoing records.
- f. In case the **biological sex/gender of the athlete is not indicated in the PSA/NSO Birth Certificate**, the following additional requirements shall be submitted:
 - i. Certificate of Live Birth issued by the LCR;
 - ii. Affidavit of the parents, attesting to the true and correct biological sex of the athlete;
 - iii. Certification issued by the NSAC Medical Team attesting to the true and correct biological sex of the athlete after conducting a physical examination.

The above-mentioned Order/Resolution or Certification issued by the Head of Delegations or the NSAC shall be for purposes of *Palaro* only.

Section 8. Replacement of Athletes, Coaches, Assistant Coaches, and Chaperones

Replacement of Athletes, Coaches, Assistant Coaches, and Chaperones may be allowed based on meritorious grounds one (1) month before the RAAM/ *Palaro* and upon the Written Request by the Head of the Schools Division Office/Regional Office Delegation: Provided, that in case of illness and other fortuitous events, replacement maybe allowed two (2) days before the RAAM/ *Palaro*.

For team events: Replacements particularly in team sports shall be drawn from registered alternates that emanate from the school team.

Section 9. Sanctions against Athletes, Technical Officials, and Other Individuals involved – Unless otherwise provided for by the RAA Board, the following sanctions shall be imposed against the Athletes, Coaches, Assistant Coaches, Chaperones and the Team of the Division/Region who will violate the rules on eligibility:

- a. In team competitions, the games where the ineligible and/or disqualified athlete has taken part shall be declared forfeited in favor of the opposing team;
- b. In individual competitions, the games where the ineligible and/or disqualified athlete played shall be forfeited in favor of the opposing athlete;
- c. With respect to sanctions that will be imposed against individuals who caused the violation of the rules on eligibility, he/she may be suspended from participating in future school sports competitions, the duration of which shall be one (1) to three (3) years depending on the gravity of the offense: Provided, that he/she shall suffer the penalty of perpetual disqualification from participating in any future school sports competition in case of violations which are intentional and willful; and
- d. These sanctions shall be without prejudice to the filing of appropriate administrative and/or criminal charges against the erring Officials and/or Athletes in accordance with existing laws, rules, and regulations.

COMPOSITION OF RSAC/DSAC, ITS DUTIES AND RESPONSIBILITIES

Section 1. Composition of NSAC, RSAC, and DSAC.

Pursuant to Section 13 of Republic Act No. 10588, known as “An Act Institutionalizing the Conduct of the *Palarong Pambansa* and Appropriating Funds Therefor” and Section 17(a) of DepEd Order No. 43, s. 2016, known as “The Implementing Rules and Regulations of Republic Act No. 10588,” the Board shall constitute the **National Screening and Accreditation Committee (NSAC)** composed of the following:

- (a) A representative from DepEd Legal and Legislative Affairs;
- (b) Two (2) government physicians;
- (c) Two (2) government dentists;
- (d) One (1) authorized representative from each Regional Athletic Association (RAA), preferably the Chairperson and Vice-Chairperson of the Regional Screening and Accreditation Committee (RSAC); and
- (e) The *Palaro* Board may designate a Data Group/Secretariat that will assist the NSAC in preparing and reproducing the Master Lists, and Photo Galleries of the Athletes, Coaches, Assistant Coaches, and Chaperones, and other works as deemed necessary.

The Regional Director, in consultation with the members of the RAA Board, shall create a **Regional Screening and Accreditation Committee (RSAC)** composed of the following:

- (a) A representative from the Regional Legal Unit or a representative authorized by the Regional Director, who will act as the Chairperson/Vice-Chairperson;
- (b) Two (2) government physicians;
- (c) Two (2) government dentists;
- (d) One (1) authorized representative from each Division Athletic Association (DAA); and
- (e) Data Group that will serve as the Secretariat and assist the RSAC in the preparation and submission of the Master List, Photo Galleries, and other documents of the Athletes, Coaches, Assistant Coaches, and Chaperones.

The Schools Division Superintendent shall likewise create a **Division Screening and Accreditation Committee (DSAC)** composed of the following:

- (a) A representative from the Legal Unit or a representative authorized by the Schools Division Superintendent, who will act as the Chairperson/Vice-Chairperson;
- (b) One (1) government physician;
- (c) One (1) government dentist;
- (d) One (1) authorized representative from each district or cluster;
- (e) Data Group that will serve as the Secretariat and assist the DSAC in the preparation and submission of the Master List, Photo Galleries, and

other documents of the Athletes, Coaches, Assistant Coaches, and Chaperones; and

(f) No teaching personnel engaged in actual classroom teaching/instruction shall be designated as RSAC or DSAC members.

Section 2. Duties and Functions of the RSAC and DSAC – The RSAC and DSAC shall:

- (i) Evaluate and verify the authenticity of the documents of Athletes, Coaches, Assistant Coaches, and Chaperones submitted by the Head of Delegation for the Regional Meet to *Palaro* in the case of RSAC, and Division Meet to Regional Meet in the case of DSAC;
- (ii) Accredit qualified Athletes, Coaches, Assistant Coaches, and Chaperones and submit the Master List to the RAA Board, DAA or Provincial Athletic Association (PAA) Board, *through the Tournament Managers*, as the case may be, at least seven (7) days before the conduct of the Division/Regional Meet/*Palaro*;
- (iii) Re-check and monitor with the proper technical officials the Athletes fielded by the Coaches during the actual competition based on the Final Official Master List and Photo Gallery;
- (iv) The Schools Division Office Head of Delegation, through the DSAC, shall submit the Master List to the RSAC; and
- (v) Provide technical assistance in the screening and accreditation of Athletes, Coaches, Assistant Coaches, and Chaperones.

Section 3. Period of Screening, Interview, and Evaluation – The Screening, Interview, and Evaluation of documents of the Athletes, Coaches, Assistant Coaches, and Chaperones for the 2026 RAAM may be conducted during or after the Division Meet, or within seven (7) days before the RAAM.

For this purpose, the Head of the Delegations shall submit to the RSAC within fifteen (15) days after their Division Meet, the following:

- (a) A Letter-request indicating the schedule of the Screening, Interview, and Evaluation of documents of the Athletes, Coaches, Assistant Coaches, and Chaperones;
- (b) Master List and Photo Galleries (soft and hard copies) of Athletes Coaches, Assistant Coaches, and Chaperones; and
- (c) A Certification stating that: They had screened, interviewed, and evaluated the Athletes, Coaches, Assistant Coaches, and Chaperones of the subject Regional Athletic Delegation and shall certify that the attached documents are true, complete and correct to the best of their knowledge and belief, and they understand that any false information given, or any true information withheld from the said documents may provide grounds for administrative disciplinary action.

The RSAC shall consolidate and finalize the Official Master List of qualified and accredited Athletes, Coaches, Assistant Coaches, and Chaperones and submit the same to the RAA Board within two (2) days before the opening of the 2026 RAAM.

Section 4. Posting of Master List to DepEd Official Website

The Master Lists and Photo Galleries of the Athletes, Coaches, Assistant Coaches, and Chaperones shall be posted on the DepEd Official Website or any available website upon submission by the delegation concerned.

The ICT of the Regional Office shall facilitate the immediate posting on the DepEd website or on any available website of the submitted Master List and/or Photo Galleries of Athletes, Coaches, Assistant Coaches, and Chaperones upon receipt of the said Master Lists and Photo Galleries subject to the provisions of Republic Act No. 10173, known as the Data Privacy Act of 2012.

List of RSAC Members / Screeners / Evaluators

Regional Office	Name (First name, MI, Last Name)
Chairperson	Atty. Kelvin P. Matib
Vice-Chairperson	Rey M. Valenzuela
Members	
	Omer P. Licyayo
	Philips T. Monterola
	Dr. Pearl Oliveth S. Intia
	Dr. Ma. Teresita G. Carpio
Data Group	
	Melvin D. Punzalan
	Isagani D. Carlos, Jr.
	Evan Lynn-Dell C. Masing
	Loida G. Tomelden
Schools Division Office	
Antipolo City	Frendie C. Nerveza
Bacoor City	Girlie B. Redondo
Batangas City	Ebora Riza C. Redondo
Batangas Province	Mildred M. De Torres
Binan City	Renelio G. Magno
Calamba City	Kino J. Abustan
Cavite City	Francis Jeremiah M. Serra
Cavite Province	Maria Morena R. Nalunat
Calaca City	Emma M. Manalo
Carmona City	Ronalyn M. Manongsong
Cabuyao City	Ma. Elena B. Lazanas
Dasmarinas City	Marie Jane T. Marquina
Imus City	Alona O. Verdad
General Trias City	Christopher Panaligan
Laguna Province	Armin O. Cabrales
Lipa City	Agnes O. Titular
Lucena City	Maria Leah P. Comia
Rizal Province	Gemma H. Quianzon
Quezon Province	Sherwin P. Vargas
San Pablo City	Raine P. Ramos
Santo Tomas City	Jesus B. Borja
San Pedro City	Dory S. Gallardo
Santa Rosa City	Andy M. Alcachupas
Tanauan City	Luisa D. Vispo
Tayabas City	Erico P. Ybardolaza
Batangas (ALS)	Jaysen R. Toraliza

Binan City (ALS)	Marchy Joy T. Sanchez
Dasmarinas City (SNED)	Ma. Victoria E. Sia
Dasmarinas City (ALS)	Maria Francesca C. Fadri
General Trias (ALS)	Rosella S. Arellano
General Trias City (SNED)	Julie Ann U. Narte
Imus City (SNED)	Cristina M. Sarmiento
Laguna (SNED)	Jocyvi C. Montiel
Quezon Province (SNED)	Shernand R. Roda
Quezon Province (SNED)	Imelda P. De Guia
Quezon Province (ALS)	Laarni Rose R. Gutierrez
Rizal Province (SNED)	Ric L. Marquez
Rizal Province (ALS)	Anthony Valmadrid
Tanauan City (SNED)	Mary Ann M. Enciso
Medical Support Team and School Health Personnel to assist RSAC	See Separate List Below

**Medical Support Team and School Health Personnel (SHP) of concerned SDO who will be attending to the SDO
Scheduled Screening and Evaluation**

SDO	Full Name	Designation
Antipolo City	Dr. Annalyn E. Piedad-Echavez	Medical Officer III
	Dr. Myr San Jose	Dentist II
	Jean Leslie De Castro	Nurse II
	Arian Marie Soriano	Nurse II
	Ma. Nina S. Mateo	Nurse II
	Elaine Calacday	Nurse II
Bacoor City	Dr. Ceasar L. Pajuyog	Medical Officer III
	Dr. Gracean Melody Belostrino	Dentist II
	Ana Marie Malimban	Nurse II
	Ruby L. Carlongan	Nurse II
	Dr. Khareen M. Cadano	Medical Officer III
	Christian Harina	Nurse II
Batangas	Ma. Katrina Dimaunahan	Nurse II
	Felix Fajarto	Nurse II
	Abiezer De Guzman	Nurse II
	Maybelle Sanggalang	Nurse II
	Mary Grace Dalisay	Nurse II
	Princess Lynette Espina	Nurse II
Binan City	Rodelio Alvarez	Nurse II
	Eula Umalis	Nurse II
	Diane Flores	Nurse II
	Gina Husmillo	Nurse II
	Dr. Yzobel Delgado	Dentist II
	Dr. Belinda D. Sabellano	Medical Officer III
	Dr. Joel A. Perez	Dentist II
	Dr. Jesusa A. Cruzat	Dentist II
	Marianne R. Medina	Nurse II
	June G. Untalan	Nurse II
	Marivic S. Villanueva, MD	Medical Officer III
	Pamella I M. Tamayo, DMD	Dentist II/ Dentist-in-Charge

Rudolph Anthony O. Erispe, RN	Nurse II/ Nurse-in-Charge
John Sebastian N. Jacalan, RN	Nurse II
Carmencita K. Juntilla, RN	Nurse II
Gerardson T. Ramos, RN	Nurse II
John Ralph S. Tolledo, RN	Nurse II
Cabuyao City	
Donna Jean B. Aninon, MD	Medical Officer III
Ruel U. Capsitran, DM	Dentist II/ Dentist-in-Charge
Angela Marie E. Mapola	Dentist II
Gilbert C. Bagsic, PhD, MAN, RN	Nurse II/ Nurse-in-Charge
Edmon O. Galang, RN	Nurse II
Joy O. Andaya, RN	Nurse II
Mario V. Ramilo, Jr. RN	Nurse II
Jhunel Q. Saguni, RN	Nurse II
Danielle Anne C. Cecilia	LSB- Nurse I
Melanie M. Langue, RN	LSB- Nurse I
c/o Dra Khareen M. Cadano	Medical Officer III - Batangas Province
Calaca City	
Mark Anthony M. Caag	Nurse II
Calamba City	
Jazztine T. Caraos	Medical Officer III
Jethroe A. Matusalem	Dentist II
Mark Lawrence S. Natividad	Dentist II
Joylan E. Corcega	Nurse II
Cyril L. Paner	Nurse II
Aileen Joy P. Lozano	Nurse II
Leilanie T. Diones	Nurse II
Rose Ann B. De Asis	Nurse II
Arlene L. Miranda	Nurse II
Juvileen A. Roxas	Nurse II
Jenelyn Tarrosa	Nurse II
Cavite	
Rainerio U Reyes	MO III
Abbie Grace Olea	MO III
Grace B. Tolentino	Dentist II
Karl Eugene Lubigan	Dental Aide
Francis Guimpattan	Nurse II
Mary Glenda Santiago	Nurse II

	Jeric Javier	Nurse II
	Elisa Rondael	Nurse II
	Vanessa Colada	Nurse II
	Haizeil Olegario	Nurse II
	Zyrus Klair Naorbe	Nurse II
	Reagan Royce Luclucan	Nurse II
Cavite City	Mirasol Dimaano	MO III
	Elsie Magbanua	MO III
	Jessica Dela Cruz	Dentist II
	Abel Asis	Dentist II
	Paul Jemeel Panganiban	Nurse II
	Jan Miachael Dolorfino	Nurse II
	Emily Angeles	Nurse II
	Dr. Brenda A. Igos	Medical Officer III
	Dr. Maria Valerie N. Ribay	Dentist II
Dasmariñas City	Maria Leilani S. Coronado	Nurse II
	Hanna Trizia Salve R. Llanera	Nurse II
	Dr. Mary Grace E. Javier	Medical Officer III
	Dr. Mabel P. Aro	Dentist II
	Marichelle D. Ting	Nurse II
	Yana D. Villanueva	Nurse II
	Eliel Mae A. Galgo	Nurse II
	Cristina L. Dimag	Nurse II
	Dr. Gian Paul G. Creencia	Medical Officer III
Imus City	Dr. Marife R. Grossman	Dentist II
	Christian Gabriel C. Ynieto	Nurse II
	Winchell Y. De Vera	Nurse II
	Rosemae F. Rosete	Nurse II
	Mark Leonard S. Aguitez	Nurse II
	Dr. Roselyn L. Urias	Medical Officer III
	Dr. Cirila Lilibeth S.J. Avecilla	Dentist II
	Dr. Xynovia D. Braña	Dentist II
	Johnnasis S. Kalugdan	Nurse II

	Christian L. Sacluti	Nurse II
	Dra. Perla Vicenta M. De Castro	Medical Officer III
	Dr. Santos R. Pagcaliwangan	Dentist II, In-Charge
Lipa City	Dra. Corazon I. Malaluan	Dentist II
	Grace V. Camaganacan	Nurse II
	Ana Marie D. Limbo	Nurse II
Lucena City	Clara Catherine C. Alcain	Nurse II
	Dra. Janeil A. Romasanta	Medical Officer III
	Dra. Sheila Ursolino	Dentist II
	Dra. Armida Castro	Dentist II
	Harvey T. Natividad	Nurse II
	Patrick Miguel T. Palacio	Nurse II
	Julie Carmel U. La rosa	Nurse II
	Yvan Jonas A. Tolentino	Nurse II
	Carlo Joseph V. Castillo	Nurse II
	John Dominic C. Ayala	Nurse II
	Florence F. Daniel	Nurse II
	Joaana Maaliw	Nurse
Quezon	Dr. Jose Macario Ernie V. Patino	Dentist-in-Charge
	Dr. Zaida O. Marquita	Dentist II
	Jay M. Laraya	Nurse II
	Rodante M. De la Rosa	Nurse II
	Francis Rainier M. De Leon	Nurse II
	Lou Gladys H. Rustria	Nurse II
	Krisca Ann C. Zaracena	Nurse II
	Jose Carlo Antonio L. Nasol	Medical Officer III
	Christian O. Anabo	Nurse II
	Mae Ann P. Antipatia	Nurse II
	Aileen B. Arabit	Nurse II
	Nhorberto P. Arabit	Nurse II
	Loisa Andrea C. Balane	Nurse II
	Czarina O. Bautista	Nurse II
	Rowena S. Buenaventura	Nurse II
	Paola Mari SJ. Gagalac	Nurse II

	Roxanne D. Guerrero	Nurse II
	Valentina A. Hipolito	Nurse II
	Brenda A. Inocencio	Nurse II
	Marie Justine Ruth M. Maestre	Nurse II
	Norman M. Mendiola	Nurse II
	Eva Marie V. Pingan	Nurse II
	Carmina Amor D. Portuguez	Nurse II
	Rommelyne R. Robles	Nurse II
	Rhedylyn A. San Felipe	Nurse II
	Sheila I. Santiago	Nurse II
	Lucita D. Tanawan	Nurse II
	Aimee A. Veliyusa	Nurse II
	Cecilia D. Victorino	Nurse II
	Luisa Rosario Mae O. Villeza	Nurse II
	Dr. Jennica Patrice C. Potestades	Dentist II
	Dr. Annaliza B. Riñoza	Dentist II
	Dr. Nenochka A. Tunque	Dentist II
	Dr. Elizbeth N. Magtoto	Dentist II
	Dra. Ammiela Theresa S. Gurrea	Medical Officer III
San Pablo City	Dr. Rommel C. Clerigo	
	Dr. Rico B. Perez	Dentist II
	Eden H. Belda	Nurse II
	Minnie Rose N. Malijan	Nurse II
	BeeJay G. Enseo	Nurse II
	Imee S. Orillaza	Nurse II
	Ninevetch B. Hernandez	Nurse II
	John Rhyan M. Casala	Nurse II
	Alquin B. Panergayo	Nurse II
	Dra. Mary Vianney Zapa	Medical Officer III
San Pedro City	Dra. Ma. Sofia P. Honduna	Dentist II
	Rupert F. Baricuatro	Nurse II
	Jecel B. Villanueva	Nurse II
	Dr. Kathleen Grace Maniago	Medical Officer III
Santa Rosa City		

Santo Tomas City	Dr. Karren Jaye Bernabe	Dentist II/Dentist in charge
	Dr. Jessica Valiente	Dentist II
	Venus Manalo	Nurse II/Nurse in charge
	Mariya Theresa Cruz	Nurse II
	Sheila Lovendino	Nurse II
	Myra Liangco	Nurse II
	Marianne H. Alcober	Medical Officer III
	Marina S. Lacson	Dentist in Charge
	Immaculate Venus L. Tesnado	Dentist II
	Gladys C. Maligaya	Nurse in Charge
	Jona Mariz M. Magnaye	Nurse II
	Quennie Lou M. Luna	Nurse II
	Ma. Shienna Kay M. Cruz	Nurse II
	Ivan Caesar L. Jacinto	Nurse II
	Dexter Vierneza	Medical Officer III
	Kaithley Cane G. Bihis	Dentist II
	Thea Rose P. Carandang	Dentist II
	Kathleen Claire M. Atienza	Nurse II
	Ana G. Lirio	Nurse II
	Joel Lirio	Nurse II
	Ruben De Guzman Jr.	Nurse II
	Lena Macabia	Nurse II
Tayabas City	Joan C. Salcedo	Medical Officer III
	Jayne Paula T. Tulio	Dentist II/Dentist in Charge
	Mariles F. Contreras	Nurse II
	Lailani T. Omlas	Nurse II
	Alelie A. Padillo	Nurse II

**SCHEDULE OF SCREENING, INTERVIEW, AND EVALUATION
OF ELIGIBILITY DOCUMENTS**

Team 1		Screening Date	Assigned SDO	Medical Team	Venue
1 Redondo, Gefie B	Bacoor City	Feb. 11-12, 2026	Cavite Province	Cavite Medical Team	Felipe Calderon ES-Tanza, Cavite
2 De Torres, Midred	Batangas Province	Feb. 10, 2026	Dasmariñas	Dasmariñas Medical Team	National College of Science and Technology (NCST) Dasmariñas Multi-purpose Hall
3 Pandigan, Christopher	General Trias City	Feb. 17, 2026	Sta. Rosa	Sta. Rosa Medical Team	4th FLOOR DIVISION OFFICE
4 Abustan, Kino J	Cainta	Feb. 18, 2026	San Pedro	San Pedro Medical Team	Pacita Complex Elementary School
5 Bamos, Raine P	San Pablo	Feb. 19, 2026	Tanauan	Tanauan Medical Team	Tanauan South Central School
6 De Guia, Imelda P.	Quezon SNED			Cavite Province, Dasmariñas, Sta. rosa	
7 Roda, Sherman R.	Quezon SNED			San Pedro, Tanauan	
8 Jaycen R. Toraliza	Batangas ALS			Cav Pro, Dasmara, Sta Rosa, San Pedro, Tanauan	
9 RO RSAC					
10 RO Medical Team					
Team 2		Screening Date	Assigned SDO	Medical Team	Venue
1 Vargas, Sherwin P.	Quezon	Feb. 23, 2026	Imus	Imus Medical Team	Gov. D. M. Camerino Integrated School
2 Ibarrolaza, Erico	Tayabas	Feb. 15-17, 2026	Batangas Province	Batangas Province	Tala Elementary School, Nasugbu, Batangas
3 Titular, Agnes O	Liwa	Feb. 18, 2026	Batangas City	Batangas City Medical Team	Batangas City East Elementary School
4 Bojig, Jesus B.	Sto. Tomas	Feb. 19, 2026	Bacoor	Bacoor Medical Team	Bacoor Elementary School, Bacoor City
5 Manalo, Emma M.	Cabatca	Feb. 20, 2026	Laguna	Laguna Medical Team	
6 Mary Ann M. Enciso	Tanauan SNED			Imus, Bacoor, Laguna	
7 Marquez, Ric L.	Rizal SNED			Bat. Pro, Bat. City	
8 Guitierrez, Laarni Rose R	Quezon ALS			Imus, Bacoor, Laguna, Bat. Pro & Bat. City	
9 RO RSAC					
10 RO Medical Team					
Team 3		Screening Date	Assigned SDO	Medical Team	Venue
1 Verdad, Alona O.	Imus	Feb. 12-13, 2026	Liwa	Liwa Medical Team	Claro M. Recto Event Center
2 Macquina, Maple Jane T.	Dasmara	Feb. 16-18, 2026	Rizal	Rizal Medical Team	Mareck ES Auditorium - Cainta Rizal
3 Vizpo, Linika D.	General Trias City	Feb. 19-20, 2026	Cabuyao	Cabuyao Medical Team	Cabuyao Central School
4 Nerveza, Frendie C.	Antipolo	Feb. 24-25, 2026	Quezon	Quezon Medical Team	Quezon NHS
5 Serra, Francis Jeremiah	Cavite City				
6 Cristina Sarmiento	Imus SNED				
7 Montiel, Jocelyn	Laguna SNED				
8 Fadri, Maria Francesca G	Dasmara ALS				
9 RO RSAC					
10 RO Medical Team					
Team 4		Screening Date	Assigned SDO	Medical Team	Venue
1 Quiñazon, Gemma H.	Rizal	Feb. 10-11, 2026	General Trias City	General Trias Medical Team	LUIS A. FERRER NHS
2 Ebora, Riza C.	Batangas City	Feb. 13, 2026	Carmolina	Carmolina Medical Team	Benjamin Hall, Carmolina Elem. School, City of Carmolina, Cavite
3 Magno, Reuelio G.	Batangas City	Feb. 18, 2026	Antipolo	Antipolo Medical Team	Bagoong Nayon 4 ES, Brig. San Isidro, Antipolo City
4 Natulat, Maria Morena R	Cavite Province	Feb. 19-20, 2026	San Pablo	San Pablo Medical Team	San Pablo City Central School
5 Gallardo, Dory S.	San Pedro	Feb. 24-25, 2026	Cainta	Cainta Medical Team	Camp Vicente Lim Integrated School
7 Sia, Ma. Victoria E.	Dasmara SNED				
8 Valmased, Anthony G.	Rizal ALS				
9 Arellano, Rosella S.	General Trias ALS				
10 RO RSAC					
11 RO Medical Team					
Team 5		Schedule of Interview	Assigned SDO	Medical Team	Venue
1 Cabraltes, Armin O.	Liwa	Feb. 6, 2026	Cavite City	Cavite City Medical Team	Cavite National High School
2 Alcechupas, Andry M.	Sta. Rosa	Feb. 10, 2026	Lucena	Lucena Medical Team	Lucena West Elementary School
3 Lezuan, Ma. Elena B.	Cabuyao	Feb. 9, 2026	Tayabas City	Tayabas Medical Team	Luis Palak Integrated HS
4 Marongson, Ronalyn M.	Carmolina	Feb. 18, 2026	Cabatca	Cabatca Central Integrated School	Cabatca Central Integrated School
5 Comia, Maria Leah P.	Lucena	Feb. 20, 2026	Sto. Tomas	Sto. Tomas Medical Team	Sto. Tomas South Central School
6 Nante, Julie Ann U.	General Trias SNED	Feb. 19, 2026	Bian	Bian Medical Team	Bian City Senior High School-Sto. Tomas Campus
7 Sanchez, Marich Joy T.	Bianan City ALS				
8 RO RSAC					
9 RO Medical Team					

GUIDELINES ON THE USE OF DEPED ATHLETIC MEET SCREENING AND ACCREDITATION SYSTEM (AMSAS)

I. Rationale

To ensure the efficient, transparent, and standardized management of athlete and delegation information for the Regional Athletic Association Meet (RAAM), a centralized online system has been developed. The **RAAM System** (<https://raam.depedcalabarzon.ph/>) shall serve as the official platform for data encoding, document uploading, validation, and report generation of all participating Schools Division Offices (SDOs).

These guidelines are issued to define the roles, responsibilities, and procedures to be observed by all concerned, in line with the **Palarong Pambansa Guidelines** and the directives of the Regional Office.

II. Objectives

1. To ensure accurate and timely encoding of athlete and delegation data in the RAAM System.
2. To establish clear accountability among Division Data Groups, Coaches, and Screening Committees.
3. To guarantee compliance with documentary and eligibility requirements.
4. To provide a unified process for validation, masterlist generation, and final submission to the Regional Office.

III. Roles and Responsibilities

A. Division Data Group / Coaches

1. Encode all required information of athletes, coaches, assistant coaches, chaperones and delegations in the RAAM System.
2. Upload all necessary attachments with **complete signatures and accurate details**, including but not limited to:
 - Athlete's photo (passport-size, labeled)
 - Medical and dental certificates
 - Birth certificate or equivalent proof of age
 - Enrollment certification

- Other documents required under Palarong Pambansa guidelines

3. Ensure all entries are accurate and up to date before final submission.
4. The **Division Data Group** may assist the **Division Screening and Accreditation Committee** in generating reports such as:
 - Photo Gallery of Delegates
 - Athlete Passports
 - Division Masterlist
 - ID Generation for SDO Delegation
5. The Division may organize its Data Group according to its operational needs and delegation size.

B. Division Screening and Accreditation Committee

1. Validate the **veracity, authenticity, and completeness** of all uploaded documents submitted by coaches and the Data Group.
2. Confirm that all athletes, coaches, assistant coaches, and chaperones comply with the **eligibility and documentary requirements** set by the Palarong Pambansa Guidelines.
3. Recommend necessary corrections or disqualifications for non-compliant entries.
4. Coordinate closely with the Division Data Group for corrections and updates prior to final submission.

C. Division Screener Chairperson

1. **Supervise and monitor** the overall screening and validation process in the Division.
2. **Double-check and finalize** the Masterlist prior to submission, ensuring that it matches the data verified by the **Tournament Manager**.
3. Ensure that both the **Division Sports Coordinator** and **Tournament Manager** have **signed the Masterlist** before it is submitted to the Regional Office.
4. Oversee the **encoding and submission deadline**, which must be completed **ten (10) days before** the scheduled Regional Committee Meeting for the Final Masterlist Review.

5. Guarantee that the Division's total number of delegates **does not exceed the maximum allowable quota** per sport and delegation.
6. Serve as a **member of the Regional Screening and Accreditation Committee**, where assignments to specific SDOs will be determined by the **Regional Screener Chair**.

D. Regional Screening and Accreditation Committee

1. Assigned RSAC members in each division shall validate the veracity, authenticity, and completeness of all information and documents uploaded to the system during the Division Meet or In-house Training.
2. Consolidate all verified data from the divisions for presentation during the Final Masterlist Meeting.
3. Coordinate with Division Screener Chairs regarding any clarifications, corrections, or missing information.
4. Ensure that the final Regional Masterlist fully complies with national screening standards.
5. All outputs of the Regional Screening and Accreditation Committee shall be subject to validation and verification by the National Screening Committee.
6. Each team shall be given sufficient time to schedule and coordinate with the concerned Schools Division Office (SDO) where the screening will be conducted. However, the conduct of screening shall not exceed **two (2) days** prior to convening the RSAC for the final briefing and issuance of the Regional Masterlist.
7. For the **National Palaro**, the screening— including the medical evaluation — shall begin **one (1) day before the closing** of the event and continue **until one (1) day after the closing**.

IV. Submission Timeline

- 1. Encoding and Uploading**

All delegation information and attachments must be encoded

and uploaded **within five (5) days after the Division Meet.**

2. Checking and Verification

The Division Screening Accreditation Committee (DSAC) shall conduct the checking and verification **within three (3) days after the completion of encoding.**

3. Compliance Requirement

Failure to complete the full encoding in the system will result in **non-processing of the delegation for screening**, whether conducted during the Division Meet or the in-house division training. The DSAC must formally write a letter to the Regional Director, duly signed by the Schools Division Superintendent.

4. Late or Incomplete Submissions

Late or incomplete submissions **will not be accepted** and may lead to **non-inclusion in the final delegation list.**

V. Compliance and Accountability

1. Division and Regional Chairs, Screeners, Coaches, and Data Groups are accountable for the accuracy and completeness of all data and attachments.
2. Any falsification, tampering, or submission of incomplete documents shall be grounds for administrative sanctions in accordance with DepEd rules and regulations.
3. All users must ensure strict adherence to data privacy and ethical standards in handling athlete information.

VI. System Reports and Outputs

The RAAM System shall generate the following standardized reports:

- Athletes Profiling
- Coach, Assistance Coach and Chaperon Profiling
- SDO's Delegation
- Division and Regional Masterlists
- Athlete Passports
- Accreditation ID
- Photo Gallery of Delegation Members
- Screening Validation Reports

VII. Effectivity

These Guidelines shall take effect immediately upon issuance and shall be strictly observed by all participating Schools Division Offices and the Regional Screening and Accreditation Committee during the conduct of the 2026 Regional Athletic Association Meet/*Palaro*.

GUIDELINES ON PROTEST ON THE ELIGIBILITY AND APPEALS ON DISQUALIFICATION

The Guidelines on Protest on the Eligibility and Appeals on Disqualification are as follows:

- (a) The Complaint or Protest shall be **in writing duly signed by the Coach and the Head of the Delegation or his or her authorized representative** and shall be filed before the RSAC within five (5) days from the first day of publication of the Master List of Qualified Athletes, Coaches, Assistant Coaches, and Chaperons on the DepEd Official Website or submitting it to the RAA Board through its Secretariat. Prior to the game/play, the Complaint or Protest may also be filed within one (1) day from knowledge of any ground/s for disqualification of the athlete concerned;
- (b) The Written Complaint or Protest shall be **accompanied or supported by Affidavit/s of Witnesses and/or pieces of evidence**;
- (c) The Complaint or Protest that does not comply with (a) and (b) hereof shall not be given due course or shall not be acted upon by the RSAC, without prejudice to the re-filing of the same upon compliance with the above-mentioned requirements;
- (d) The Written Complaint or Protest shall be resolved by the RSAC within forty-eight (48) hours or two (2) days from receipt thereof. The RSAC Decision and Recommendation shall be duly approved by the Games Executive and Administration Committee/Management, through the Office of the Regional Director as its Chairperson. The RSAC Decision and Recommendation is final and executory in case there is no appeal;
- (e) The RSAC Decision and Recommendation on the Complaint or Protest shall be appealable to the RAA Board, through the Office of the Regional Director as its Chairperson, within forty-eight (48) hours from the issuance of the RSAC Decision and Recommendation; and
- (f) The RAA Board, through the Office of the Regional Director as its Chairperson, shall resolve the appeal within forty-eight (48) hours. The Decision of the RAA Board is final and executory.

SAMPLE FORMS COMMONLY USED (NSAC FORMS)

1. CONSENT, WAIVER, INDEMNITY AND RELEASE FORM (ATHLETE)

Department of Education

Republic of the Philippines

CONSENT, WAIVER, INDEMNITY and RELEASE

I, _____, M/ F, _____ years of age, hereby grant permission to the Department of Education (DepEd) and its representatives to make recordings of my voice and to take photographs and /or videos in which I appear in, to be used for the communications and various public campaigns of the Agency be it in print, broadcast, and/or electronic media, at the event and location stated below:

Production name/ Project title: _____

Location: _____

I acknowledge that the DepEd owns all rights to these images and recordings. I further grant the DepEd and its representatives the right to use, display, exhibit, reproduce, distribute, and create derivative works of these images and recordings in any media now known or later developed.

I hereby waive any right to inspect or approve the use of the images or recordings or of any written derivatives. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the materials.

I hereby release, defend, indemnify, and hold harmless the DepEd and its representatives from and against any claims, damages, or liability arising from or related to the use of the images, recordings, or materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age or older/ I am accompanied by my legal guardian, and I am competent to enter into this contract/ NAME OF GUARDIAN: _____ has legal authority to enter into this contract. I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release.

This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assigns.

Signature

mm / dd / yyyy

Signature over printed name of Parent / Guardian/ Teacher

mm / dd / yyyy

Address: _____

Home phone: _____ Mobile phone: _____

DepEd Complex, Meralco Avenue, Pasig City, Philippines 1600

Tel: (632) 633-7208 / 633-7228 / 632-1361 • Fax: (632) 735-6167

www.deped.gov.ph



2. PARENTAL / GUARDIAN CONSENT FORM

Revised as of November 2024



Republic of the Philippines
Department of Education

PARENTAL CONSENT

Date: _____

To Whom It May Concern:

I/We hereby willingly and voluntarily give consent to the participation of my/our son/daughter _____ in _____ up to the Palarong Pambansa. in all School Sports Meets

I/We have considered the benefits that my son or daughter will derive from his/her participation in this activity provided that due care, diligence and necessary precautions will be observed to ensure his/her health and safety.

Further, I/We authorize the personnel of Department of Education to collect, process, retain, and dispose of personal information of the above-mentioned athlete in accordance with the Data Privacy Act of 2012.

Signature of Father Over Printed Name

Signature of Mother Over Printed Name

Verified:

Adviser
(Signature Over Printed Name)

School Head/Registrar
(Signature Over Printed Name)

Remarks:

Note:

Submit the necessary documents, i.e. Affidavit/Sworn Statement of Actual Care and Custody duly verified by the adviser and school head, in cases signature of parents are unavailable.

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)



John G. Mendoza *MM*

3. NOTARIZED AFFIDAVIT OF ACTUAL CARE AND CUSTODY WITH CONSENT FORM

Revised as of September 2025

MOForm - 2

Republic of the Philippines
Department of Education



AFFIDAVIT/SWORN STATEMENT OF ACTUAL CARE AND CUSTODY

I _____, resident of _____
of legal age, Filipino state that:

1. I have the actual care and custody of minor child _____
who is my _____ (filial relationship to the child, if any).

2. I further state that the actual care and custody was vested upon me since because _____
_____ both parents of the minor child died;
_____ the known parent died; (Proof - Death Certificate)
_____ both parents are unknown. (Proof - Certificate of Foundling)
_____ other scenario in cases one or both parent cannot sign the necessary

3. As the actual caretaker and custodian of the minor child, I hereby willingly and voluntarily give
consent to the participation of the minor child in the school sports athletic meets which includes, but
not limited to Division Meet, Regional Meet and Palarong Pambansa.

4. I have considered the benefits that the minor child will derive from the participation in these
activities provided that due care and precaution shall be observed to ensure the comfort and safety of
the minor child.

5. I hereby acknowledge that Department of Education, its management, personnel, employees and
agent may not be held responsible for any untoward incident which is beyond their control.

6. Further, I/We authorize the personnel of Department of Education to collect, process, retain, and
dispose of personal information of the above-mentioned athlete in accordance with the Data Privacy Act
of 2012.

IN WITNESS THEREOF, I have hereto affixed my signature this _____ in

Printed Name over Signature

Verified:

Adviser
(Signature Over Printed Name)

School Head/Registrar
(Signature Over Printed Name)

SUBSCRIBED AND SWORN to me this _____ by _____ in

who I have identified through his/her competent proof of identification.

NOTARY PUBLIC

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)



4. MEDICAL CERTIFICATE FORM

Revised as of September 2023

MCPerm - 7



Republic of the Philippines

Department of Education

MEDICAL CERTIFICATE

To Whom It May Concern:

This is to certify that I have personally examined _____ and have been found _____ that he/she is physically _____ fit _____ unfit, during the time of examination.

Event:	School/Instrms/District Meet	Unit/Division Meet	Regional Meet	Palawan Pambansa
	Normal	Normal	Normal	Normal
1. Eyes	YES NO	YES NO	YES NO	YES NO
2. Ears, Nose, Throat	YES NO	YES NO	YES NO	YES NO
3. Mouth and Teeth	YES NO	YES NO	YES NO	YES NO
4. Neck	YES NO	YES NO	YES NO	YES NO
5. Cardiovascular	YES NO	YES NO	YES NO	YES NO
6. Chest and Lungs	YES NO	YES NO	YES NO	YES NO
7. Abdomen	YES NO	YES NO	YES NO	YES NO
8. Skin	YES NO	YES NO	YES NO	YES NO
9. Genitalia-hernia (male)	YES NO	YES NO	YES NO	YES NO
10. Muskuloskeletal: ROM	YES NO	YES NO	YES NO	YES NO
a. neck	YES NO	YES NO	YES NO	YES NO
b. spine	YES NO	YES NO	YES NO	YES NO
c. shoulder	YES NO	YES NO	YES NO	YES NO
d. arms/hands	YES NO	YES NO	YES NO	YES NO
e. hips	YES NO	YES NO	YES NO	YES NO
f. thighs	YES NO	YES NO	YES NO	YES NO
g. knees	YES NO	YES NO	YES NO	YES NO
h. ankles	YES NO	YES NO	YES NO	YES NO
i. feet	YES NO	YES NO	YES NO	YES NO
11. Neuromuscular (reflexes)	YES NO	YES NO	YES NO	YES NO

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)



School Sports Meet/District Meet		Remarks/Findings:	SEX:
Physician/Medical Officer (signature over printed name)	HT: _____ cm WT: _____ kg	<input type="checkbox"/>	FIT
PRC LICENSE: PTR NO.	BP: _____ mmHg PR: _____ bpm RR: _____ cpm	<input type="checkbox"/>	UNFIT
Unit/Division Meet	Remarks/Findings:	Date:	
Physician/Medical Officer (signature over printed name)	HT: _____ cm WT: _____ kg	<input type="checkbox"/>	FIT
PRC LICENSE: PTR NO.	BP: _____ mmHg PR: _____ bpm RR: _____ cpm	<input type="checkbox"/>	UNFIT
Regional Meet	Remarks/Findings:	Date:	
Physician/Medical Officer (signature over printed name)	HT: _____ cm WT: _____ kg	<input type="checkbox"/>	FIT
PRC LICENSE: PTR NO.	BP: _____ mmHg PR: _____ bpm RR: _____ cpm	<input type="checkbox"/>	UNFIT
Palerong Pambansa	Remarks/Findings:	Date:	
Physician/Medical Officer (signature over printed name)	HT: _____ cm WT: _____ kg	<input type="checkbox"/>	FIT
PRC LICENSE: PTR NO.	BP: _____ mmHg PR: _____ bpm RR: _____ cpm	<input type="checkbox"/>	UNFIT



Region VII
(Region)
Mandaue City Division
(Division)
School
(School)

(School Address)

**MEDICAL CERTIFICATE
(COACHES, ASSISTANT COACHES, CHAPERONE)**

XXXXXXX

(Date)

To Whom It May Concern:

XXXXXXX

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

Event: VXVXVXVXVX

Physical Examination

School/Intrams/District Meet Physician/Medical Officer (signature over printed name) PRC LICENSE: PTR NO.	Remarks/Findings: Ht. _____ cm Wt. _____ kg BP. _____ mmHg PR. _____ bpm RR. _____ cpm	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT Date: _____
Unit/Division Meet Physician/Medical Officer (signature over printed name) PRC LICENSE: PTR NO.	Remarks/Findings: Ht. _____ cm Wt. _____ kg BP. _____ mmHg PR. _____ bpm RR. _____ cpm	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT Date: _____
Regional Meet Physician/Medical Officer (signature over printed name) PRC LICENSE: PTR NO.	Remarks/Findings: Ht. _____ cm Wt. _____ kg BP. _____ mmHg PR. _____ bpm RR. _____ cpm	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT Date: _____
Palarong Pambansa Physician/Medical Officer (signature over printed name) PRC LICENSE: PTR NO.	Remarks/Findings: Ht. _____ cm Wt. _____ kg BP. _____ mmHg PR. _____ bpm RR. _____ cpm	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT Date: _____

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)



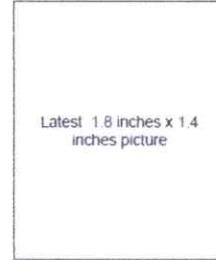
5. DENTAL CERTIFICATE FORM



Republic of the Philippines
DEPARTMENT OF EDUCATION

DENTAL HEALTH RECORD

Name: _____ Age: _____ Sex: _____ Birth Date: _____
Event: _____
Parent/Guardian: _____



Latest 1.8 inches x 1.4
inches picture

YEAR LEVEL				REMARKS
DATE				
EXAMINATION				
SEALANT (GI)				
PERMANENT FILLING				
ART				
EXTRACTION				
ORAL PROPHYLAXIS				
REFERRAL				
OTHER ORAL				
TREATMENT				

SYMBOLS FOR MOUTH EXAMINATION

X	- TOOTH INDICATED FOR EXTRACTION	DU	- DECUBITAL ULCER
F	- TOOTH INDICATED FOR FILLING	MAL	- MALOCCLUSION
HEAVY SHADE	- TOOTH WITH TEMPORARY FILLING	FLU	- FLUOROSIS
RC	- RECURRENT CAVITIES	Gn	- NORMAL
RF	- ROOT FRAGMENT	Gm	- MODERATE GINGIVITIS (1-2 QUADRANTS)
M	- MISSING TOOTH	Gs	- SEVERE GINGIVITIS (3-4 QUADRANTS)
		CMR	- COMPLETE MOUTH REHAB
		(W)	- SOUND EFRIGHTED PERMANENT

SYMBOLS FOR ACCOMPLISHMENT

XT	- EXTRACTED PERMANENT TOOTH
xt	- EXTRACTED TEMPORARY TOOTH
Am	- AMALGAM FILLING
Com	- COMPOSITE FILLING
	ARTIFICIAL RESTORATION
JC	- JACKET CROWN
I	- INLAY
OP	- ORAL PROPHYLAXIS
ZOE	- ZINC OXIDE UEGENOL FILLING
TF	- TEMPORARY FILLING
R	- REFERRED TO PRIVATE DENTIST
UN	- UNERUPTED TOOTH

District Meet			Remarks/Findings: WITH THIRD MOLAR: <input type="checkbox"/> YES <input type="checkbox"/> NO	REFERRED FOR DENTAL TREATMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO
DENTIST (signature over printed name)	PRC LICENSE	PTR#	QUALIFIED TO PARTICIPATE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Division Meet			Remarks/Findings: WITH THIRD MOLAR: <input type="checkbox"/> YES <input type="checkbox"/> NO	REFERRED FOR DENTAL TREATMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO
DENTIST (signature over printed name)	PRC LICENSE	PTR#	QUALIFIED TO PARTICIPATE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Regional Meet			Remarks/Findings: WITH THIRD MOLAR: <input type="checkbox"/> YES <input type="checkbox"/> NO	REFERRED FOR DENTAL TREATMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO
DENTIST (signature over printed name)	PRC LICENSE	PTR#	QUALIFIED TO PARTICIPATE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Palarong Pambansa			Remarks/Findings: WITH THIRD MOLAR: <input type="checkbox"/> YES <input type="checkbox"/> NO	REFERRED FOR DENTAL TREATMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO
DENTIST (signature over printed name)	PRC LICENSE	PTR#	QUALIFIED TO PARTICIPATE: <input type="checkbox"/> YES <input type="checkbox"/> NO	

FOR SCHOOL SPORTS-FOR ELEMENTARY ATHLETE ONLY (Lower Meet up to Palarong Pambansa)

6. OMNIBUS STATEMENT FORM

Revised as of September 2025

Republic of the Philippines)
City of _____)S.S.

OMNIBUS AFFIDAVIT

(for Public and Private Personnel)

I _____, of legal age, single/married, with postal address at _____, after having duly sworn in accordance with law hereby depose and state:

That I am presently employed with the _____ as _____;

That I have been employed in _____ since _____ or for a period of _____;

That I was designated as coach of _____, who will participate in the School Sports activities of the Department of Education up to 20__ Palarong Pambansa;

That I will perform my duties and responsibilities in accordance with DepEd Rules and Policies for the benefit of the students athletes under my care and custody.

That all the athletes are not members of the National Team, National Training Pool, and Development Pool of the Philippine Sports Commission (PSC);

That all the athletes records submitted are true and correct to the best of my personal knowledge;

Further, I authorize the personnel of Department of Education to collect, process, retain, and dispose of my personal information in accordance with the Data Privacy Act of 2012.

That I execute this Affidavit to attest to the authenticity and veracity of all the documents submitted.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____ 20__ in _____, Philippines.

Affiant

SUBSCRIBED and sworn to before me in _____, this day _____ of month 20__, affiant executing his/her _____, issued at _____ on _____.

Notary Public

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)



Department of Education

Republic of the Philippines

CONSENT, WAIVER, INDEMNITY and RELEASE

I, _____, M/ F, _____ years of age, hereby grant permission to the **Department of Education (DepEd)** and its representatives to make recordings of my voice and to take photographs and /or videos in which I appear in, to be used for the communications and various public campaigns of the Agency be it in print, broadcast, and/or electronic media, at the event and location stated below:

Production name/ Project title: _____

Location: _____

I acknowledge that the DepEd owns all rights to these images and recordings. I further grant the DepEd and its representatives the right to use, display, exhibit, reproduce, distribute, and create derivative works of these images and recordings in any media now known or later developed.

I hereby waive any right to inspect or approve the use of the images or recordings or of any written derivatives. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the materials.

I hereby release, defend, indemnify, and hold harmless the DepEd and its representatives from and against any claims, damages, or liability arising from or related to the use of the images, recordings, or materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age or older/ I am accompanied by my legal guardian, and I am competent to enter into this contract/ NAME OF GUARDIAN: _____ has legal authority to enter into this contract. I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release.

This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assigns.

Signature

mm / dd / yyyy

Signature over printed name of Parent / Guardian/ Teacher

mm / dd / yyyy

Address: _____

Home phone: _____ Mobile phone: _____

DepEd Complex, Meralco Avenue, Pasig City, Philippines 1600
Tel: (632) 633-7208 / 633-7228 / 632-1361 • Fax: (632) 735-6167
www.deped.gov.ph

M



(Region)

(Division)

(School)

(School Address)

PARENTAL CONSENT

Date: _____

To Whom It May Concern:

I/We hereby willingly and voluntarily give consent to the participation of my/our son/daughter _____ in _____ in all School Sports Meets up to the Palarong Pambansa.

I/We have considered the benefits that my son or daughter will derive from his/her participation in this activity provided that due care, diligence and necessary precautions will be observed to ensure his/her health and safety.

Further, I/We authorize the personnel of Department of Education to collect, process, retain, and dispose of personal information of the above-mentioned athlete in accordance with the Data Privacy Act of 2012.

Signature of Father Over Printed Name

Signature of Mother Over Printed Name

Verified:

Adviser
(Signature Over Printed Name)

School Head/Registrar
(Signature Over Printed Name)

Remarks:

Note:

Submit the necessary documents, i.e. Affidavit/Sworn Statement of Actual Care and Custody duly verified by the adviser and school head, in cases signature of parents are unavailable.

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)



Revised as of February 2024

Republic of the Philippines
Department of Education



AFFIDAVIT/SWORN STATEMENT OF ACTUAL CARE AND CUSTODY

I _____, resident of _____
of legal age, Filipino state that:

1. I have the actual care and custody of minor child _____
who is my _____ (filial relationship to the child, if any).

2. I further state that the actual care and custody was vested upon me since because
_____ both parents of the minor child died;
_____ the known parent died; (Proof - Death Certificate)
_____ both parents are unknown. (Proof - Certificate of Foundling)
_____ other scenario in cases one or both parent cannot sign the necessary

3. As the actual caretaker and custodian of the minor child, I hereby willingly and voluntarily give consent to the participation of the minor child in the school sports athletic meets which includes, but not limited to Division Meet, Regional Meet and Palarong Pambansa.

4. I have considered the benefits that the minor child will derive from the participation in these activities provided that due care and precaution shall be observed to ensure the comfort and safety of the minor child.

5. I hereby acknowledge that Department of Education, its management, personnel, employees and agent may not be held responsible for any untoward incident which is beyond their control.

6. Further, I/We authorize the personnel of Department of Education to collect, process, retain, and dispose of personal information of the above-mentioned athlete in accordance with the Data Privacy Act of 2012.

IN WITNESS THEREOF, I have hereto affixed my signature this _____ in _____.

Printed Name over Signature

Verified:

Adviser
(Signature Over Printed Name)

School Head/Registrar
(Signature Over Printed Name)

SUBSCRIBED AND SWORN to me this _____ by _____ in _____
who I have identified through his/her competent proof of identification.

NOTARY PUBLIC

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)

Agnes Olaya





(Region)
(Division)
(School)
(School Address)

MEDICAL CERTIFICATE

To Whom It May Concern:

This is to certify that I have personally examined _____ and have been found that he/she is physically _____ fit _____ unfit, during the time of examination.

EVENT:	School/Intrams/District Meet				Palarong Pambansa				Sex:
	Unit/Division Meet	Regional Meet	Palarong Pambansa						
1. Eyes	Normal	Normal	Normal	Normal					<input type="checkbox"/> FIT
2. Ears, Nose, Throat	YES NO	YES NO	YES NO	YES NO					<input type="checkbox"/> UNFIT
3. Mouth and Teeth	YES NO	YES NO	YES NO	YES NO					
4. Neck	YES NO	YES NO	YES NO	YES NO					
5. Cardiovascular	YES NO	YES NO	YES NO	YES NO					
6. Chest and Lungs	YES NO	YES NO	YES NO	YES NO					
7. Abdomen	YES NO	YES NO	YES NO	YES NO					
8. Skin	YES NO	YES NO	YES NO	YES NO					
9. Genitalia-Hernia (male)	YES NO	YES NO	YES NO	YES NO					
10. Musculoskeletal: ROM	YES NO	YES NO	YES NO	YES NO					
a. neck	YES NO	YES NO	YES NO	YES NO					
b. spine	YES NO	YES NO	YES NO	YES NO					
c. shoulder	YES NO	YES NO	YES NO	YES NO					
d. arms/hands	YES NO	YES NO	YES NO	YES NO					
e. hips	YES NO	YES NO	YES NO	YES NO					
f. thighs	YES NO	YES NO	YES NO	YES NO					
g. knees	YES NO	YES NO	YES NO	YES NO					
h. ankles	YES NO	YES NO	YES NO	YES NO					
i. feet	YES NO	YES NO	YES NO	YES NO					
11. Neuromuscular (reflexes)	YES NO	YES NO	YES NO	YES NO					

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)

School/Intrams/District Meet		Palarong Pambansa		Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Regional Meet				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Palarong Pambansa				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
(signature over printed name)				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
(signature over printed name)				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
(signature over printed name)				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
(signature over printed name)				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
(signature over printed name)				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
(signature over printed name)				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
(signature over printed name)				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
(signature over printed name)				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
(signature over printed name)				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
(signature over printed name)				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
(signature over printed name)				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
(signature over printed name)				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
(signature over printed name)				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
(signature over printed name)				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
(signature over printed name)				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
(signature over printed name)				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
(signature over printed name)				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
(signature over printed name)				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
(signature over printed name)				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
(signature over printed name)				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT
				PR: _____ bpm	<input type="checkbox"/> UNFIT
				RR: _____ bpm	Date: _____
Physician/Medical Officer				Remarks/Findings:	
				Ht: _____ cm	Wt: _____ kg
				BP: _____ mmHg	<input type="checkbox"/> FIT

Republic of the Philippines
Department of Education



(Region)

(Division)

(School)

(School Address)

MEDICAL CERTIFICATE
(COACHES, ASSISTANT COACHES, CHAPERONE)

(Date)

To Whom It May Concern:

This is to certify that I have personally examined _____ (Name)
age _____ sex _____ and have found that he/she is physically _____ fit _____ unfit, during
the time of examination, to join and participate in the lower meet up to Palarong Pambansa.

Event: _____

Physical Examination

School/Intrams/District Meet PRC LICENCE	Physician/Medical Officer (signature over printed name) PTR NO.	Remarks/Findings: Ht: _____ cm Wt: _____ kg BP: _____ mmhg RR: _____ bpM	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT Date: _____
Unit/Division Meet PRC LICENCE	Physician/Medical Officer (signature over printed name) PTR NO.	Remarks/Findings: Ht: _____ cm Wt: _____ kg BP: _____ mmhg RR: _____ bpM	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT Date: _____
Regional Meet PRC LICENCE	Physician/Medical Officer (signature over printed name) PTR NO.	Remarks/Findings: Ht: _____ cm Wt: _____ kg BP: _____ mmhg RR: _____ bpM	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT Date: _____
Palarong Pambansa PRC LICENCE	Physician/Medical Officer (signature over printed name) PTR NO.	Remarks/Findings: Ht: _____ cm Wt: _____ kg BP: _____ mmhg RR: _____ bpM	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT Date: _____

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)





DENTAL HEALTH RECORD

Name: _____ Age: _____ Sex: _____ Birth Date: _____
Event: _____
Parent/Guardian: _____

YEAR LEVEL			REMARKS
DATE			
EXAMINATION			
SEALANT (GI)			
PERMANENT FILLING			
ART			
EXTRACTION			
ORAL PROPHYLAXIS			
REFERRAL			
OTHER ORAL			
TREATMENT			

SYMBOLS FOR MOUTH EXAMINATION

X	- TOOTH INDICATED FOR EXTRACTION	DU	- DECUBITAL ULCER
F	- TOOTH INDICATED FOR FILLING	MAL	- MALOCCLUSION
HEAVY SHADE	- TOOTH WITH TEMPORARY FILLING	FLU	- FLUOROSIS
RC	- RECURRENT CAVITIES	Gn	- NORMAL
RF	- ROOT FRAGMENT	Gm	- MODERATE GINGIVITIS (1-2 QUADRANTS)
M	- MISSING TOOTH	Gs	- SEVERE GINGIVITIS (3-4 QUADRANTS)
		CMR	- COMPLETE MOUTH REHAB
		(V)	- SOUND ERUPTED PERMANENT TOOTH

SYMBOLS FOR ACCOMPLISHMENT

XT	- EXTRACTED PERMANENT TOOTH
xt	- EXTRACTED TEMPORARY TOOTH
Am	- AMALGAM FILLING
Com	- COMPOSITE FILLING
ARTIFICIAL RESTORATION	
JC	- JACKET CROWN
I	- INLAY
OP	- ORAL PROPHYLAXIS
ZOE	- ZINC OXIDE UEGENOL FILLING
TF	- TEMPORARY FILLING
R	- REFERRED TO PRIVATE DENTIST
UN	- UNERUPTED TOOTH

District Meet			Remarks/Findings: WITH THIRD MOLAR: <input type="checkbox"/> YES <input type="checkbox"/> NO		REFERRED FOR DENTAL TREATMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		
DENTIST (signature over printed name)		PRC: LICENSE: PTR#	QUALIFIED TO PARTICIPATE: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Division Meet			Remarks/Findings: WITH THIRD MOLAR: <input type="checkbox"/> YES <input type="checkbox"/> NO		REFERRED FOR DENTAL TREATMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		
DENTIST (signature over printed name)		PRC: LICENSE: PTR#	QUALIFIED TO PARTICIPATE: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Regional Meet			Remarks/Findings: WITH THIRD MOLAR: <input type="checkbox"/> YES <input type="checkbox"/> NO		REFERRED FOR DENTAL TREATMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		
DENTIST (signature over printed name)		PRC: LICENSE: PTR#	QUALIFIED TO PARTICIPATE: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Palarong Pambansa			Remarks/Findings: WITH THIRD MOLAR: <input type="checkbox"/> YES <input type="checkbox"/> NO		REFERRED FOR DENTAL TREATMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		
DENTIST (signature over printed name)		PRC: LICENSE: PTR#	QUALIFIED TO PARTICIPATE: <input type="checkbox"/> YES <input type="checkbox"/> NO				

FOR SCHOOL SPORTS-FOR ELEMENTARY ATHLETE ONLY (Lower Meet up to Palarong Pambansa)



Republic of the Philippines)
City of _____)S.S.

OMNIBUS AFFIDAVIT

(for Public and Private Personnel)

I _____, of legal age, single/married, with postal address at _____, after having duly sworn in accordance with law hereby depose and state:

That I am presently employed with the _____ as _____;

That I have been employed in _____ since _____ or for a period of _____;

That I was designated as coach of _____, who will participate in the School Sports activities of the Department of Education up to 20__ Palarong Pambansa;

That I will perform my duties and responsibilities in accordance with DepEd Rules and Policies for the benefit of the students athletes under my care and custody.

That all the athletes are not members of the National Team, National Training Pool, and Development Pool of the Philippine Sports Commission (PSC);

That all the athletes records submitted are true and correct to the best of my personal knowledge;

Further, I authorize the personnel of Department of Education to collect, process, retain, and dispose of my personal information in accordance with the Data Privacy Act of 2012.

That I execute this Affidavit to attest to the authenticity and veracity of all the documents submitted.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____ 20__ in _____, Philippines.

Affiant

SUBSCRIBED and sworn to before me in _____, this day _____ of month 20__, affiant executing his/her _____, issued at _____ on _____.

Notary Public

Attest / AP

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)

