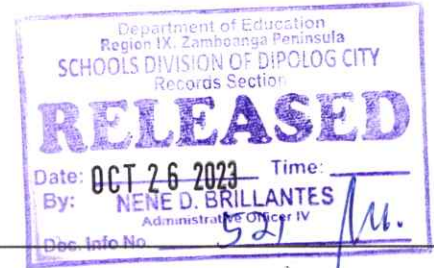




Republic of the Philippines  
**Department of Education**  
REGION IX – ZAMBOANGA PENINSULA  
SCHOOLS DIVISION OF DIPOLOG CITY



October 26, 2023

**DIVISION MEMORANDUM**

NO. 521, S. 2023

**ADDENDUM TO DIVISION MEMORANDUM NO. 649, s. 2023**  
(Advance DICA Meet for Athletics (Boys & Girls) Elementary & Secondary Levels)

TO:

Assistant Schools Division Superintendent  
Chief of CID & SGOD  
Education Program Supervisors  
Public Schools District Supervisors  
Elem. & Sec. School Principals/HTs  
All Others Concerned  
This Division

1. All qualified athletes from each district are advised to use the 4-in-1 Form with the original birth certificate from the PSA as its attachment. If the PSA is still on process the original receipt from the PSA/appointment will suffice with the original birth certificate taken from the Local Civil Registrar.
2. The Division Screening and Accreditation Committee will convene on **October 31 and November 3, 2023 at the Division Training Center** to look into the veracity of documents submitted.
3. The committee will still consider submitted documents one hour before the start of the competition on **November 4, 2023 (Saturday)**.
4. North District will conduct a special selection for athletics on Saturday, October 28, 2023 on a venue to be agreed by the PSDSs and School Heads.
5. Cut off birthdate of all participating athletes must be observed, January 01, 2011 for the elementary and January 01, 2006 for the secondary level.
6. For immediate dissemination and compliance.

  
**MA. LIZA R. TABILON EdD, CESO V**  
Schools Division Superintendent

Reference: Division Memorandum No. 649, s. 2023

To be indicated in the Perpetual Index under the following subjects;

Sports    Activities    Schools    Programs





AR-1 (ATHLETE'S RECORD)

Unit \_\_\_\_\_

School \_\_\_\_\_

**A. PERSONAL DATA:**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last) (First) (M.I.)

Date of Birth: (mm/dd/yy) \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Address of School: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parents: \_\_\_\_\_  
Fathers Name Mother/Guardian

Address of Parents: \_\_\_\_\_

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## CERTIFICATE OF ENROLMENT

Date: \_\_\_\_\_

**To Whom It May Concern:**

This is to certify that \_\_\_\_\_ has been enrolled for the School Year 2023-2024.

\_\_\_\_\_  
School Principal  
(Signature over printed name)

# MEDICAL CERTIFICATE

\_\_\_\_\_  
(Date)

## To Whom It May Concern:

This is to certify that I have personally examined \_\_\_\_\_ age \_\_\_\_\_ sex \_\_\_\_\_ born  
Name  
on \_\_\_\_\_ and have found that he/she is physically fit, during the time of examination, to join and  
compete in the DICA Meet.

Event: \_\_\_\_\_

## Physical Examination:

Height \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
Pulse, Resting \_\_\_\_\_ Respiratory Rate \_\_\_\_\_

Other Remarks: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician/Medical Officer

*(Signature over printed name)*

License No. \_\_\_\_\_

PTR.: \_\_\_\_\_

# PARENTAL CONSENT

I/We hereby willingly and voluntarily give consent to the participation of my son/daughter  
\_\_\_\_\_ in the 2023 Dipolog City Athletic Association Meet.

I have considered the benefits that my son/daughter will derive from his/her participation in this activity with the understanding that due care and precaution will be observed to ensure the comfort and safety of the delegation 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