
	Department of Education Region III <b>DIVISION OF CITY SCHOOLS</b> Angeles City Jesus Street, Pulungbulu, Angeles City		Document Code: SDO-QF-OSDS-SDS-003 Revision: 00 Effectivity date: 10/31/2018
	<b>DIVISION MEMORANDUM</b>		Name of Office: <b>OSDS-SDS</b>

**RELEASED**

September 17, 2019

**DIVISION MEMORANDUM**

No. 348 s. 2019

SEP 18 2019  
 By \_\_\_\_\_  
 DepEd Angeles City  
 Division of City Schools

To: Private Elementary, Junior and Senior High Schools

**GENERAL ASSEMBLY OF PRIVATE SCHOOLS SPORTS COORDINATORS AND COACHES ON THE PREPARATION OF ATHLETES AND COACHES DOCUMENT FOR THE ANGELES CITY PRIVATE SCHOOLS SPORTS ASSOCIATION (ACPRISSA) MEET 2019**

1. In preparation for the ANGELES CITY PRIVATE SCHOOLS SPORTS ASSOCIATION (ACPRISSA) MEET 2019 to be held on **October 16-18, 2019** and as per the agreements during the Private Schools Sports Coordinators and ACAPS Officers Meeting held on September 17, 2019 at Bridges School, Angeles City. The schedules of the following upcoming activities should be strictly observed and followed:

Date and Time	Venue	Activity
September 23, 2019 5:00 PM	AVON Building (at the back of Museo Ning Angeles)	Orientation of Screening and Accreditation Committee, ACPRISSA Officers and ACPRISSA Coordinators with the DSAC led by Mr. Ryan Yamzon.
October 7-8, 2019 8:00-5:00 PM	Holy Angel University Sports Office	Submission of <b>Documents</b> of Athletes and Coaches and Screening and Accreditation: <b>1. ATHLETES</b> <ol style="list-style-type: none"> <li>a. Athlete's Record, signed by the Athlete, Coach, and Sports Coordinator with 1 ½ x 1 ½ picture with name tag (Surname, first name, middle initial), grade level and white background.</li> <li>b. Original and Photocopy of Birth Certificate issued by PSA.</li> <li>c. SF10, certified true copy from original or computer printed</li> </ol>

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		<p>signed by the Teacher-Adviser, Registrar/Principal/School Head.</p> <p>d. Parent's or Guardian's consent, verified by the Teacher-Adviser, Registrar/Principal/School Head.</p> <p>e. Medical Certificate, signed by the Physician, stating that the athlete is physically fit and with the age limit required with 1 ½ x 1 ½ picture with name tag (Surname, first name, middle initial), grade level and white background.</p> <p>f. Dental certificate with a universal entry signed by the dentist and with 1 ½ x 1 ½ picture with name tag (Surname, first name, middle initial), grade level and white background.</p> <p><b>2. COACHES</b></p> <p>a. Certificate of employment (certified true copy of the original document and duly notarized)</p> <p>b. Personal data sheet with ID Picture</p> <p>c. Medical certificate</p> <p>d. For combative sports, certificate of participation on accreditation/training/seminar in their respective sports event.</p> <p>e. Gallery form with 1 ½ x 1 ½ pictures of athletes and coach with name tag (Surname, first name, middle initial), and white background.</p>
<b>October 9-10, 2019</b> 8:00-5:00 PM	Holy Angel University Sports Office	Completion and Submission of Documents with deficiencies
<b>October 11, 2019</b> 3:00-5:00 PM	8 <sup>th</sup> Floor, St. Joseph Building, Holy Angel University	Solidarity Meeting with: <ul style="list-style-type: none"> <li>a. Screening and Accreditation Committee</li> <li>b. Private Schools Sports Coordinators</li> <li>c. Private Schools Sports Coaches</li> <li>d. Tournament Managers and Technical Officials</li> <li>e. ACAPS Officers</li> </ul>

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		f. ACPRISSA Officers g. Mr. Edgar Manabat
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2. Immediate dissemination and strict compliance with the contents of this memorandum is desired.

  
**LEILANI SAMSON-CUNANAN, CESO V**  
Schools Division Superintendent

elm/eps/sgod 9-17-19