



October 02, 2014

DIVISION MEMORANDUM
No. 484, s. 2014

**LEADERSHIP TRAINING OF THE SUPREME STUDENT GOVERNMENT (SSG)
MUNICIPAL FEDERATION PRESIDENTS, VICE PRESIDENTS
AND MUNICIPAL LEAD TEACHER ADVISERS**

TO : Assistant Schools Division Superintendents
Division Supervisors/Coordinators
Secondary School Heads
Heads, Private Secondary Schools

1. This Office announces the conduct of the **LEADERSHIP TRAINING OF THE SUPREME STUDENT GOVERNMENT (SSG) MUNICIPAL FEDERATION PRESIDENTS, VICE PRESIDENTS AND MUNICIPAL LEAD TEACHER ADVISERS** on October 10 – 12, 2014 at RAFI KAC – Adventure Education Center, KM42 Transcentral Highway, Balamban, Cebu.

2. The training aims to prepare our SSG Leaders in leading and managing the affairs of the organization.

3. Participants to the training are the Municipal Presidents, Vice Presidents and the Municipal Lead SSG Advisers.

4. All participants are required to submit the Course Registration Form (Form X) for the students and Course Registration Form (Form Y) for the teacher-adviser on October 7, 2014. See attached copy.

5. All participants to the training are required to bring their directory of officers and the municipal action plan collated from their subordinate organizations, strictly conforming to the mandated programs of the SSG nationwide.

6. A registration fee of **SIX HUNDRED PESOS (P 600.00)** shall be collected from each participants to cover some administrative cost of the training, while expenses for board and lodging is shouldered by RAFI.

7. Registration fee, traveling and other incidental and related expenses in connection with the participants' attendance to the said training shall be chargeable against the **SSG/SEF/PTA funds/School MOOE** subject to its availability and the usual accounting and auditing rules and regulations. Travelling and other incidental expenses of the Division representatives to the Training shall be chargeable against **Division InSET funds**.

8. This Memorandum serves as **Travel Authority** of the participants. Immediate dissemination of this Memorandum is enjoined.


ARDEN D. MONISIT, Ed. D.
Schools Division Superintendent

ORIENTATION & PROGRAM GUIDELINES

Arrival & Registration Time: **9:00 AM**

Venue: **RAFI KAC - Adventure Education Center, KM42 Transcentral Highway, Balamban, Cebu**



**KOOL
ADVENTURE
CAMP**

I. IMPORTANT DOCUMENTS AND REQUIREMENTS *prior to the Course Date:*

1. Course Registration Form – duly filled out and signed by:
 - a. School or Family Physician
 - b. Parents or Legal Guardian (if participant is below 18 years old)
 - c. Designated Organization Official or Representative

NOTE: *Strictly No Medical Information and Liability Release, No participation in the Camp*
2. Student / Applicant must attend the Pre-Camp Orientation for Participants.
3. Parents or Legal Guardian (of participants below 18 years old) must attend the Orientation for Parents.

II. WHAT TO BRING

1. Pen or writing materials – *pens will not be provided*
2. Water bottle/s – *at least 2 liters*
3. Cap, hat or scarf/bandana
4. Raincoat or jacket
5. Extra clothing – *shirts, pants, undergarments, socks*
6. Light blanket, malong and small pillow
7. Face towel and body towel
8. Sports shoes or hiking shoes, slippers – *if possible, bring extra pair in case of wet weather*
9. Personal toiletries including sunblock and insect repellent lotion, if you have
10. Sun glasses
11. Flashlight, just in case
12. Personal medication, if necessary

III. WHAT TO WEAR

1. Comfortable t-shirts, light-color cotton or quick dry shirts – *no sleeveless, strapless, tight-fit or hanging tops*
2. Comfortable pants, jogging or exercise pants – *no skimpy shorts, skinny jeans or tight leggings*
3. Caps or bandanas during outdoor activities
4. Rubber shoes, sneakers, closed-toe shoes – *no sandals or slippers during outdoor activities*
5. Long sleeves (or arm sleeves) and long pants are required during CRC and land expedition activities
6. Don't wear belt or jewelry and accessories

IV. CAMP GUIDELINES

1. Be responsible for yourself.
2. Participants are not allowed to leave the Center unless there is an emergency.
3. Always maintain cleanliness. No littering and no vandalism.
4. Smoking and intoxicants are strictly prohibited (alcoholic beverages, cigarettes, illegal drugs, etc.)
5. You discouraged to bring watches, jewelry, media players, mobile phones or other gadgets. These must be endorsed to designated KAC staff for safekeeping and will be returned when the program ends.
6. Wear proper attire at all times. Long hair should be tied, nails should be trimmed.
7. There are only a limited number of restrooms available. Please be sensitive and time conscious.
8. You are advised to get sufficient rest during the evenings as the activities can be physically tiring.
9. When using KAC equipment, return these to the same location where these were retrieved at the end of the day.
10. Eating and bringing of food in the bunks/tents is not allowed.
11. Meal schedule will be at as follows:
Breakfast 6:30-7:30AM, Lunch 12:00-1:00PM,
Dinner 6:00-7:00 PM, Night Snacks 8:00- 8:30PM

V. EMERGENCY CONTACT

In case of emergency, please notify your Facilitators right away. Your Facilitators are trained First Aid Responders.
Important emergency numbers: **RAFI-KAC: 260-9007 local 3001, ERUF: (Banilad) 233-9300, (Lapu-Lapu) 340-2994**

If there are very important messages to be relayed to the participant during the program, parents may call 260-9007 local 3001 or advise the designated school/organization representative.

RAMON ABOITIZ FOUNDATION INC.
KOOL ADVENTURE CAMP

Organizational Member: Association for Experiential Education (AEE), USA www.aee.org
 Organizational Member: Association for Challenge Course Technology (ACCT), USA www.acctinfo.org



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COURSE REGISTRATION FORM (Form X)

To help us ensure your safety, please fill out the form (Parts A to D) completely and honestly.
 Please do not use pencil.

COURSE DETAILS

Course Title: _____ Course Location: _____
 Course Dates: _____ School/Organization/Company: _____

PART A. PERSONAL INFORMATION: (Complete in CAPITAL LETTERS please.)

Family Name																							MI	
Given Name																								

Home Address																								

Date of Birth (mm/dd/yy)	Age	Gender	Religion		Height (ft)	Weight (kg)	
Contact No.			Email Address			Nationality	Blood Type

Current/Highest Educational Level	Special Dietary Requirement (if any)
Do you have health/accident insurance?	Name of Insurance Company
___ YES ___ NO	

EMERGENCY CONTACTS:

Details	Primary Contact Person	Alternative Contact Person	Physician (if any)
Name:			
Relationship:			
Address:			
Contact No.:			

To be filled by Designated School or Organization Representative:	This form is checked and verified by:	
	_____	_____
	Name and Signature	Date

FOR KOOL ADVENTURE CAMP OFFICIAL USE ONLY					
ACCEPTED:	___ YES ___ NO	Participation Level:			MEDICAL:
		O	P	F	
EXEMPTION FROM PART D. MEDICAL FITNESS ASSESSMENT:				___ YES ___ NO	
YDP/PDP DEPUTY DIRECTOR:		FACILITATOR'S SIGNATURE:			
REMARKS:					

PART B. MEDICAL DECLARATION

To be completed only by Applicant's PARENT or GUARDIAN.

1. Kool Adventure Camp (KAC) courses are mostly conducted outdoors in all weather conditions and involve long hours of physically and mentally demanding activities like carrying heavy packs, Challenge Ropes Courses, abseiling, trekking over land and sea kayaking.
2. To help us ensure your safety, please declare and specify fully and honestly any history of the following medical conditions and carefully consider the possibility of aggravating these conditions if you participate in the course.

- Mark (X) to indicate NO or YES for each question. Do not leave any blank.
- If you marked YES anywhere, please encircle the specific medical condition & provide details.

No.	Does the Applicant suffer from, experience or have any history of the following medical conditions? (please check one)	NO (X)	YES (X)	Details of Condition (e.g. severity, date it last occurred, prescribed medication)
1.	Allergic reactions to insect bites, pollens or the like			
2.	Bronchial asthma, exercise-induced asthma, bronchitis, tuberculosis, other lung problem (pls. specify)			
3.	Dizziness, chest pain or unusual shortness of breath while walking or exercising			
4.	Heart Disease, Heart Attack, Palpitations, Heart Murmur			
5.	High Blood Pressure (Hypertension), Stroke, Diabetes			
6.	Thyroid Problems, Blood disorders (leukemia, anemia, thalassemia, hemophilia)			
7.	Seizures/epilepsy, fainting, migraine, headache			
8.	History of severe head injury, nervous system conditions			
9.	Meningitis, severe tonsillitis, kidney problems, hepatitis			
10.	Eye problems, ear problems, vertigo			
11.	Allergy to medicines, foods and others, or medication reactions			
12.	Bone or joint injuries and other Orthopedic conditions (temporary/permanent): e.g. fractures/dislocation, sprains/strains			
13.	Carrier of any infectious diseases (pls. specify)			
14.	Medical treatment or hospitalization within the last two years			
15.	Systemic Lupus Erythematosus, Bipolar Disorder			
16.	Routine or current maintenance medications (pls. specify)			
17.	Any form of physical limitations/disability or impairment, medical limitations (pls. specify)			
18.	Any problems on the following areas: neck, clavicles, shoulders, hips, knees, back, wrist, ankles, or others			
19.	Surgery in the past years or follow-up care from a surgical procedure			
20.	Treatment or therapy for a psychological condition			
21.	Other important medical information (pregnancy, disabilities, obesity, others)			
22.	Active or chronic medical conditions			
23.	Acute anxiety concerning heights/fear of heights, any identified phobias			

Please use separate sheet for details of medical conditions/history if space above is insufficient.

PART C. ACKNOWLEDGEMENT OF RISK & CONSENT

ACKNOWLEDGEMENT AND CONSENT OF PARENT OR GUARDIAN

I, _____
ALLOW MY CHILD (name) _____ TO ATTEND
THE COURSE AT KOOL ADVENTURE CAMP FROM (date) _____ TO _____.

I am aware that my child's attendance in the Course involves a significant element of risk. The risk of serious injury is extremely small but it is not non-existent. While safety is of the highest priority in every Course, I understand that in any adventure activity, there will be some factors beyond control. My child will be briefed before every activity and is expected to follow the safety procedures explained to him/her and to indicate if he/she is unsure of what is expected.

I certify that the level of my child's participation is in no way forced by anyone, that the way in which my child participates is always his/her choice, and I knowingly and voluntarily assume all risks associated with my child's participation in these activities.

I declare that all medical information provided in Part B are true and correct, and that I have not withheld any relevant information. I understand that failure to disclose this information could affect my child's safety and those around my child, and I agree to hold *Kool Adventure Camp (KAC)* of the *Ramon Aboitiz Foundation Inc. (RAFI)* harmless if full disclosure of pre-existing medical conditions has not been provided.

In the event of an emergency and KAC is unable to contact me, I give permission for any medical treatment deemed necessary to maintain my child's well being.

My child shall diligently comply with all KAC safety regulations, training conditions and instructions, which include no smoking and no consumption of alcoholic drinks and drugs. My child shall fully cooperate with the instructors and staff of KAC.

I agree to be responsible for any damage my child may cause to KAC facilities or equipment. KAC is not responsible for loss, theft or damage to my child's personal belongings stored at its facilities.

I shall therefore release the *Ramon Aboitiz Foundation Inc. (RAFI) - Kool Adventure Camp*, its staff and Board of Trustees from all liability for any damages, including but not limited to, property damage, physical injuries, mental, or emotional stress or death from my child's participation in the RAFI-Kool Adventure Camp program.

AS THE APPLICANT'S PARENT/GUARDIAN, I VOLUNTARILY SIGN AS PROOF OF MY ACCEPTANCE OF THE ABOVE PROVISIONS AND THAT I HAVE READ AND COMPLETELY UNDERSTOOD ALL ASPECTS OF THIS COURSE REGISTRATION FORM AND AGREE TO ITS TERMS IN ITS ENTIRETY.

_____	_____	_____
Name of Parent/Guardian	Signature	Date
_____	_____	_____
Name of Applicant	Signature	Date

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PART D. MEDICAL FITNESS ASSESSMENT

Please bring this form to the Doctor for assessment. Unless granted exemption by KAC, all applicants are required to undergo a Doctor's assessment before admission to a course. This Medical Fitness Assessment form is for the Doctor to certify if you are medically fit for the course. If you marked **YES (X)** for any question in **PART B** or if you are uncertain about any pre-existing medical conditions, we strongly recommend that you raise them to your physician during your consultation. **This completed form should be submitted to KAC before the commencement of the course.**

IMPORTANT NOTE TO DOCTOR:

1. Please refer to **PART B** of the Registration Form when completing this.
2. Applicants are strongly advised to highlight to the Doctor their previous or current medical conditions. All information will be kept confidential.
3. Certification of Fitness should be based on the ability of the Applicant to cope with the physical and psychological demands of the Course.
4. Please do not leave any space blank.

TO BE COMPLETED BY A MEDICAL DOCTOR ONLY

1. I have examined (name) _____ on this date _____
and find her/him **FIT** / **UNFIT** * to participate in the Kool Adventure Camp course
from (date): _____ to _____.

(*Please encircle which is applicable.)

2. The Applicant has **NO KNOWN / KNOWN ALLERGY*** to the following: (pls. specify)

a. Medicine: _____

b. Food : _____

c. Others : _____

(*Please encircle which is applicable.)

3. The Applicant's special condition/previous injury requiring attention is/are as follow(s):

4. The activity that he/she should refrain from doing is/ are as follow(s):

Doctor's Name: _____ Signature: _____

Contact No.: _____ License Number: _____ Assessment Date: _____

Address of Clinic: _____

PART B. MEDICAL DECLARATION

To be completed only by Applicant of 18 years & above.

1. Kool Adventure Camp (KAC) courses are mostly conducted outdoors in all weather conditions and involve long hours of physically and mentally demanding activities like carrying heavy packs, Challenge Ropes Courses, abseiling, trekking overland and sea kayaking.
2. To help us ensure your safety, please declare and specify fully and honestly any history of the following medical conditions and carefully consider the possibility of aggravating these conditions if you participate in the course.

- Mark (X) to indicate NO or YES to each question. Do not leave any blank.
- If you mark YES anywhere, please encircle the specific medical condition & provide details.

No.	Does the Applicant suffer from, experience or have any history of the following medical conditions? (please check one)	NO (X)	YES (X)	Details of Condition (e.g. severity, date it last occurred, prescribed medication)
1.	Allergic reactions to insect bites, pollens or the like			
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3.	Dizziness, chest pain or unusual shortness of breath while walking or exercising			
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11.	Allergy to medicines, foods and others, or medication reactions			
12.	Bone or joint injuries and other Orthopedic conditions (temporary/permanent): e.g. fractures/dislocation, sprains/strains			
13.	Carrier of any infectious diseases (pls. specify)			
14.	Medical treatment or hospitalization within the last two years			
15.	Systemic Lupus Erythematosus, Bipolar Disorder			
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17.	Any form of physical limitations/disability or impairment, medical limitations (pls. specify)			
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Please use separate sheet for details of medical conditions/history if space above is insufficient.

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ACKNOWLEDGEMENT AND CONSENT BY APPLICANT

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I certify that the level of my participation is in no way forced by anyone, that the way in which I participate is always my choice, and I knowingly and voluntarily assume all risks associated with my participation in these activities.

I declare that all the medical information provided in Part B are true and that I have not withheld any relevant information. I understand that failure to disclose this information could affect my safety and those around me, and I agree to hold *Kool Adventure Camp (KAC)* of the *Ramon Aboitiz Foundation Inc. (RAFI)* harmless if full disclosure of pre-existing medical conditions has not been provided.

In the event of illness or injury, consent is hereby given to provide me with emergency medical care, hospitalization or other treatment, which may become necessary.

I shall diligently comply with all KAC safety regulations, training conditions and instructions, which include no smoking and no consumption of alcoholic drinks and drugs. I shall fully cooperate with the instructors and staff of KAC.

I agree to be responsible for any damage I may cause to KAC facilities or equipment. KAC is not responsible for loss, theft or damage to my personal belongings stored at its facilities.

I shall therefore release the *Ramon Aboitiz Foundation Inc. (RAFI) - Kool Adventure Camp*, its staff and Board of Trustees from all liability for any damages including but not limited to, property damage, physical injuries, mental, or emotional stress or death from my participation in the RAFI-Kool Adventure Camp program.

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Name of Applicant

Signature

Date

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(*Please encircle which is applicable.)

2. The Applicant has NO KNOWN / KNOWN ALLERGY* to the following: (pls. specify)

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Doctor's Name: _____ Signature: _____

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Address of Clinic: _____

- END -