

July 28, 2017

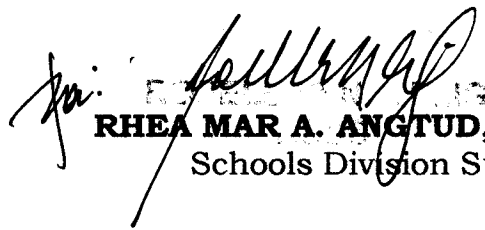
DIVISION MEMORANDUM

No. 482 s. 2017

CEBU PROVINCE ANNIVERSARY FUTSAL TOURNAMENT

To: Assistant Superintendents
Chiefs, CID and SGOD
Education Supervisors/Coordinators
District Supervisors/OICs
Elementary and Secondary School Heads

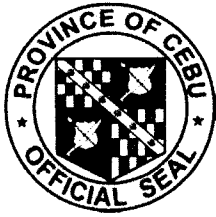
1. Attached is a communication from the Provincial Sports Commission inviting schools with organized futsal teams to join the first ever Cebu Province Anniversary Futsal Tournament.
2. For details, refer to the communication hereto attached.
3. Participation to this tournament is voluntary in nature.
4. As regard request for the use of classrooms in Argao I Central School, PSDS and School Principal may provide rooms provided that care of the school facilities and safety of the participants shall be given utmost importance.
5. Immediate dissemination of this Memorandum is desired.


RHEA MAR A. ANGTUD, Ed. D., CESO VI
Schools Division Superintendent

Telephone Numbers:

Schools Division Superintendent:	(032) 255-6405
Asst. Schools Division Superintendent:	(032) 414-7457
Accounting Section:	(032) 254-2632
Disbursing Section:	(032) 255-4401
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Republic of the Philippines
Province of Cebu
OFFICE OF THE GOVERNOR
CEBU PROVINCIAL SPORTS COMMISSION
2nd Floor Legislative Bldg., Capitol Compound, Cebu City
Tel. No.: (032) 254-8943 • Email add.: cebuprovince.cpssc@gmail.com

July 18, 2017

DR. RHEA MAR ANGTUD
Schools Division Superintendent
Department of Education
Division of Cebu Province

Thru: MS. NENITA JARALVE
PESS, Division Coordinator

Dear Dr. Angtud,

The Province of Cebu will be celebrating its 448th Founding Anniversary this coming August 6, 2016. To commemorate this historical event, the Cebu Provincial Sports Commission will be organizing the first ever Cebu Province Anniversary Futsal Tournament. This will be open to all teams, clubs and local government units within the Province of Cebu.

In this connection, we are inviting all Futsal Teams from DepEd Cebu Province Division to participate in the tournament based on the following categories:

- a. Girls U18 – (Cut off year 2000)
- b. Girls 15 and under – (Cut off year 2002)
- c. Boys 15 and under – (Cut off year 2002)
- d. Mixed U11 – Cut off year 2006)

This tournament will also serve as an output particularly to those coaches who participated in the Basic Coaching Seminar held last year jointly organized by the Cebu Provincial Sports Commission and Department of Education under the Grassroots Sports Development Training Program. To confirm its participation, interested teams may call the office of the Cebu Provincial Sports Commission at telephone no. 254-8943, Deadline for submission of required documents will be on August 11, 2017 and coaches meeting will be on July 28, 2017, Friday, 2:00 pm at the Provincial Boards' Lounge, 2/F Legislative Building, Capitol Compound, Cebu City.2:00.

We would also like to request to use about 20 classrooms of the Argao Central School for billeting quarters of student-athletes from the municipalities within the province of Cebu who will participate in the Cebu Province Futsal Tournament on August 18-20, 2017.

Thank you and best regards.

Yours truly,


ATTY. RAMIL B. ABING - 
Executive Director



CEBU PROVINCE FUTSAL TOURNAMENT 2017

OFFICIAL ENTRY FORM

EVENT

Name of LGU Team: _____

Congressional District: _____

List of Players	Date of Birth
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

This is to certify under penalty of perjury that the above-listed players representing _____ are eligible to participate in the Cebu Province Futsal Tournament, having complied all the requirements stipulated in the rules and guidelines governing the above-mentioned sports tournament.

Certified by:

Coach

CEBU PROVINCE FUTSAL CUP 2017

GALLERY FORM

TEAM

Name of Athlete

Birthdate / Age

Name of Athlete

Birthdate / Age

Name of Athlete

Birthdate / Age

Name of Athlete

Birthdate / Age

Name of Athlete

Birthdate / Age

Name of Athlete

Birthdate / Age

Name of Athlete

Birthdate / Age

Name of Athlete

Birthdate / Age

Name of Athlete

Birthdate / Age

Name of Athlete

Birthdate / Age

Name of Athlete

Birthdate / Age

Name of Athlete

Birthdate / Age

Name of Team Captain
Signature over Printed Name

Name of Coach
Signature over Printed Name



CEBU PROVINCE FUTSAL TOURNAMENT 2017

PARENTAL CONSENT

I / We, hereby willingly and voluntarily give consent to the participation of my/our son/daughter _____ in the Cebu Province Futsal Tournament on August 19-20, 2017 at the Sec. Cerge Remonde Sports and Cultural Center, Poblacion, Argao, Cebu.

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

Mother's Name
(Signature Over Printed Name)

Father's Name
(Signature Over Printed Name)

Name of Guardian
(Signature Over Printed Name)



CEBU PROVINCE FUTSAL TOURNAMENT 2017

MEDICAL CERTIFICATE

TO WHOM IT MAY CONCERN:

This is to certify that I have personally examined _____ (Name) _____, _____, Born on _____ and have found that he/she is Physically fit, during the time of examination to join the Cebu Province Futsal Tournament on August 19-20, 2017 at the Sec. Cerge Remonde Sports and Cultural Center, Poblacion, Argao, Cebu.

Physical Examination:

Date examined: _____
Height: _____ Blood Pressure: _____
Weight: _____ Pulse, Resting: _____

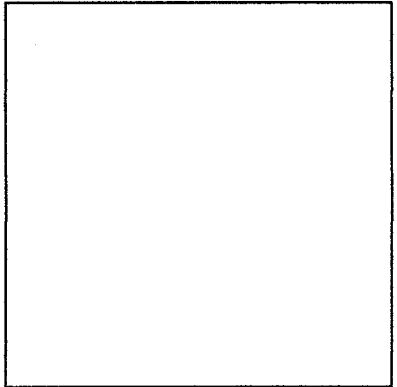
Other remarks:

Physical / Medical Officer
(Signature over Printed Name)

Licensed No. _____
PTR: _____
Date: _____



BIO-DATA



PERSONAL DATA

Name: _____ Gender: _____
 City Address: _____
 Provincial Address: _____
 E-mail Address: _____
 Place of Birth: _____
 Date of Birth: _____ Civil Status: _____
 Age: _____ Citizenship: _____ Religion: _____
 Height: _____ Weight: _____ Contact No.: _____
 Father's Name: _____ Occupation: _____
 Mother's Name: _____ Occupation: _____
 Person to be contacted in case of emergency: _____
 His or Her Address and telephone: _____

EVENT/CATEGORY

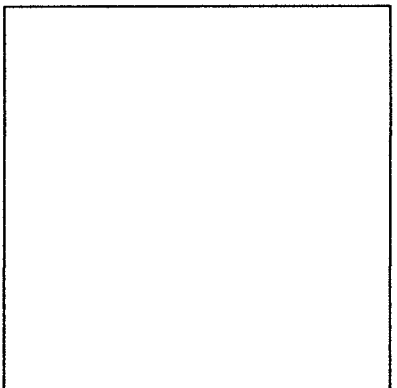
 Signature over Printed Name

EDUCATIONAL BACKGROUND

Name of School: _____
 Address: _____
 Special Skills: _____



BIO-DATA



PERSONAL DATA

Name: _____ Gender: _____
 City Address: _____
 Provincial Address: _____
 E-mail Address: _____
 Place of Birth: _____
 Date of Birth: _____ Civil Status: _____
 Age: _____ Citizenship: _____ Religion: _____
 Height: _____ Weight: _____ Contact No.: _____
 Father's Name: _____ Occupation: _____
 Mother's Name: _____ Occupation: _____
 Person to be contacted in case of emergency: _____
 His or Her Address and telephone: _____

EVENT/CATEGORY

 Signature over Printed Name

EDUCATIONAL BACKGROUND

Name of School: _____
 Address: _____
 Special Skills: _____