



Republic of the Philippines
Department of Education
Region VII, Central Visayas
DIVISION OF CEBU PROVINCE
Sudlon, Lahug, Cebu City



May 15, 2018


DIVISION MEMORANDUM

No. 327 s. 2018

**ADDENDUM TO DIVISION MEMORANDUM NO. 283 S. 2018 ENTITLED "KOOL
ADVENTURE CAMP (KAC) PARTNERS CAMP 2018**

**To: Assistant Superintendents
Education Supervisors/Coordinators
District Supervisors/OICs
Secondary School Heads
PDO, Youth Formations**

1. This Office hereby announces that the attached are the participants of the KAC Partners Camp this coming May 21-23, 2018 at KAC, Cansomoroy, Balamban, Cebu. Please be reminded that form Y(attachement #2), completely filled-up is required and should be emailed to the following: 1. richard.de.los.reyes@rafi.org.ph 2. lynbertulfo318@yahoo.com.ph.
2. For inquiries, please contact Paz Bacolod with contact no. 09177022104/09322947184. Other details of the activity can be viewed from Facebook Account of DepEd-KAC Partner's Camp.
3. This serves as participant's Authority to Travel.
4. Immediate dissemination of and strict compliance with this memorandum is directed.


RHEA MARIA ANGTUD, Ed.D, CESO VI
Schools Division Superintendent

Telephone Numbers:

Schools Division Superintendent	(032) 255-4603
Asst. Schools Division Superintendent	(032) 414-7457
Accounting Section	(032) 2542632
Disbursing Section	(032) 255-4401
Admin/Legal	(032) 253-7847

Website : www.depedcebuprovince.com
E-mail Add : depedcebuprovince@yahoo.com



Department of Education
Region VII, Central Visayas
DIVISION OF CEBU PROVINCE
Sudlon, Lahug, Cebu City




KOOL ADVENTURE CAMP PARTICIPANTS

May 21-23, 2016, KAC Cansamoroy, Balamban, Cebu

	DISTRICT	SCHOOL	NAME	CONTACT NO.
1	Division Office	NorthEast	Hazel Marie Comendador	9332257514
2	Division Office	Northwest	Lyn Bertulfo	9322947184
3	Division Office	Southeast/sw	Paz Dacolod	9177022104
4	Alcoy	Alcoy NHS	Rosa Glenda Badayos	9231425108
5	Asturias	Looc Norte NHS	Regina Laya	9151626923
6	Balamban I	Nangka NHS	Jan Lee N. Damalerio	9215155560
7	Bantayan II	Bantayan NHS	Jannet Villacampa	9284533794
8	Bantayan II	Patao NHS	Mary Cris Caraos	9336422256
9	Barili	Malolos NHS	Gina Tesaluna	9957765287
10	Borbon	Tabunan National HS	Jessa M. Sumayang	9778025434
11	Compostela	Compostella NHS	Carina Marikit	9473462782
12	Compostela	Compostella NHS (JH)	Jonalyn Bugtai	9339956177
13	Consolacion	Consolacion NHS	Rousei Tibon	9950226026
14	Cordova	Day-as ES	Jennifer L. Nufiez	9434198791
15	Cordova	Cordova NHS	Robertson Pacaldo	9271293760
16	Dalaguete II	Cawayan NHS	Mae Tangpos	9234339659
17	Medellin	Medellin NHS	Jigger Opura	9754387514
18	Minglanilla	Lipala NHS	Reynaldo Mendoza Jr.	9434051014
19	Minglanilla 2	Cuanos ES	Maria Therese Sayson	9501472251
20	Sogod	Mohon NHS	Jenny Tradio	9506230254
21	Tuburan 1	Putat NHS	Alexis Villahermosa	9227401544
22	Tuburan 1	Vicente Cabahug NHS	Pelagio Calida Jr.	9083958214
23	Cordova	Gilutongan IS	Agapito Macan	9232447301
24	Daanbantayan	Daanbantayan NHS	Guilberth Rosell	09156435 396
25	Oslob	Pungtod NHS	Rovelyn Gumagay	9232930124

Prepared by:


LYN S. BERTULFO
PDP-YF, NW

Noted by:


NOVIE O. MANGUBAT, Ed.D.
Chief, SGOD

Approved by:


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

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, please CHECK the specific medical condition & provide details.				
No.	Does the Applicant suffer from, experience or have any history of the following medical conditions? (please CHECK & specify)	NO (X)	YES (X)	Details of Condition (e.g. date last occurred, severity, prescribed medication - dosage & intake schedule)
1.	<input type="checkbox"/> Seizures <input type="checkbox"/> Epilepsy <input type="checkbox"/> Fainting <input type="checkbox"/> Migraine <input type="checkbox"/> Headache			
2.	<input type="checkbox"/> Dizziness <input type="checkbox"/> Chest pain <input type="checkbox"/> Unusual shortness of breath while walking or exercising			
3.	<input type="checkbox"/> Heart Disease <input type="checkbox"/> Heart Attack <input type="checkbox"/> Palpitations <input type="checkbox"/> Heart Murmur			
4.	<input type="checkbox"/> High Blood Pressure (Hypertension) <input type="checkbox"/> Stroke <input type="checkbox"/> Diabetes (Insulin Dependent/Non-Insulin Dependent)			
5.	<input type="checkbox"/> Bronchial asthma <input type="checkbox"/> Exercise-induced asthma <input type="checkbox"/> Bronchitis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Other lung problem (pls. specify)			
6.	<input type="checkbox"/> Blood disorders (Leukemia/Anemia/Thalassemia/Hemophilia) <input type="checkbox"/> Thyroid Problems			
7.	Allergy to: <input type="checkbox"/> Medicines <input type="checkbox"/> Foods and others/or medication reactions (pls. specify)			
8.	Allergic reactions to insect bites/ pollens or the like			
9.	Routine or current maintenance medications (pls. specify: dosage, schedule of intake)			AM- Noon- PM-
10.	Medical treatment or hospitalization <u>within the last two years</u>			
11.	Surgery in the past years or follow-up care from a surgical procedure			
12.	Carrier of any infectious diseases (pls. specify)			
13.	<input type="checkbox"/> Eye problems <input type="checkbox"/> Ear problems <input type="checkbox"/> Vertigo			
14.	Bone or joint injuries and other Orthopedic conditions (temporary/permanent): e.g. fractures/dislocation, sprains/strains			
15.	Any problems on the following areas: <input type="checkbox"/> Neck, <input type="checkbox"/> Clavicle <input type="checkbox"/> Shoulders <input type="checkbox"/> Hips <input type="checkbox"/> Knees <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankles <input type="checkbox"/> Others _____			
16.	Any form of physical limitations/disability or impairment, medical limitations (pls. specify)			
17.	History of severe head injury, nervous system conditions			
18.	<input type="checkbox"/> Meningitis <input type="checkbox"/> Severe tonsillitis <input type="checkbox"/> Hepatitis <input type="checkbox"/> Kidney problems			
19.	<input type="checkbox"/> Systemic Lupus Erythematosus <input type="checkbox"/> Bipolar Disorder			
20.	Active or chronic medical conditions			
21.	Other important medical information (pregnancy, disabilities, obesity, others)			
22.	Acute anxiety concerning heights/fear of heights, any identified phobias			
23.	Treatment or therapy for a psychological condition			
24.	Have you had a tetanus vaccination?			Date: _____ <input type="checkbox"/> Cannot Remember

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

PART C. ACKNOWLEDGEMENT OF RISK & CONSENT

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

ACKNOWLEDGEMENT AND CONSENT BY APPLICANT		
<p>I, _____, AGREE TO ATTEND THE COURSE AT KOOL ADVENTURE CAMP FROM (date) _____ TO _____.</p>		
<p>I am aware that my 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. I will be briefed before every activity and am expected to follow the safety procedures explained to me and to indicate if I am unsure of what is expected.</p>		
<p>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.</p>		
<p>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.</p>		
<p>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.</p>		
<p>I shall diligently comply with all KAC safety regulations, training conditions and instructions, which include <i>no smoking</i> and <i>no consumption of alcoholic drinks and illegal drugs</i>. I shall fully cooperate with the instructors and staff of KAC.</p>		
<p>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.</p>		
<p>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.</p>		
<p>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.</p>		
_____	_____	_____
Name of Applicant	Signature	Date
<p>PHOTO/MEDIA RELEASE:</p> <p>I grant RAFI-Kool Adventure Camp, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recording of me for use in materials they may create.</p>		
<p>Applicant's Signature: _____</p>		

RAMON ABOITIZ FOUNDATION INC.
KOOL ADVENTURE CAMP

Organizational Member: Association for Experiential Education (AEE), USA www.aee.org
 Business To Client (B2C) Member: Association for Challenge Course Technology (ACCT), USA www.acctinfo.org



**KOOL
 ADVENTURE
 CAMP**

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 Course 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) _____ and find her/him:

(Please check which is applicable)

FIT (With No Limitations) UNFIT (To Travel & Join Program)

FIT with Some Limitations:

No Challenge Course Climbing (10-70 ft) No Steep Slope Walking No Jogging/Running

No Long Walks (200 meters or more) No Lifting Heavy Objects (Orthopedic Condition)

Others: _____

to participate in the Kool Adventure Camp course from (date): _____ to _____.

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

Hypertension (BP: _____) Diabetes Mellitus (Required: **FBS test**; Result: _____)

Asthma (Last attack: _____) Orthopedic Condition

Others: _____

(Please provide additional information if there's any)

3. The applicant has KNOWN ALLERGY NO KNOWN ALLERGY to the following: (specify)

a. Medicine : _____

b. Food : _____

c. Others : _____

Doctor's Name: _____ Signature: _____

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

Address of Clinic: _____

- END -

Lyn Barredo
Hazel
Carmelita
Barredo

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REPUBLIKA NG PILIPINAS
REPUBLIC OF THE PHILIPPINES
KAGAWARAN NG EDUKASYON
DEPARTMENT OF EDUCATION
REHIYON VII, GITNANG VISAYAS
REGION VII, CENTRAL VISAYAS
Sudlon, Lahug, Cebu City



MAY 09 2018

REGIONAL MEMORANDUM

No. 03374, s. 2018

KOOL ADVENTURE CAMP (KAC) PARTNERS' CAMP 2018

To: Schools Division Superintendents / OICs

1. Enclosed is the communication from Daphne Dia, Assistant Director, Youth Development Programs, Ramon Aboitiz Foundation Inc. (RAFI), inviting for the **Kool Adventure Camp Partners' Camp 2018** to be held at Kool Adventure Camp, Balamban, Cebu on May 21-23, 2018.
2. The Partners' Camp aims to equip participants with leadership and mentoring skills necessary to function as Youth Formators and Training and Development Coordinators.
3. Participants to this camp is the Division Youth Formation Coordinators or Division Formation Officers, to be endorsed by the Schools Division Superintendent on or before May 15, 2018.
4. A subsidized registration fee amounting to **₱800.00** shall be charged to each participant to cover full meals, accommodations, and use of other CAK facilities for 3 days, chargeable to local funds. Furthermore, transportation to and from the KAC Center shall be charged to local funds, subject to the usual accounting and auditing rules and regulations.
5. For more information and inquiries, please contact the ESSD Office at telephone number (032) 254-7062 and look for Dr. Berna Ysulan, PDO IV-ESSD.
6. Immediate dissemination of this Memorandum is desired.

Juliet A. Jeruta
JULIET A. JERUTA, Ph.D., CESO IV
Director III
Officer-in-Charge

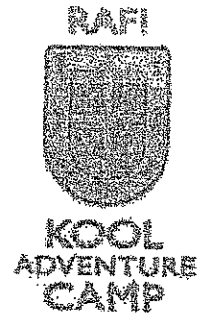
JAI/STJ/LC/rmpjr

Office of the Director (ORDir), Tel. Nos.: (032) 231-1433; 231-1309; 414-7399; 414-7325; Office of the Assistant Director, Tel. No.: (032) 255-4542
Field Technical Assistance Division (FTAD), Tel. Nos.: (032) 414-7324 Curriculum Learning Management Division (CLMD), Tel. Nos.: (032) 414-7323
Quality Assurance Division (QAD), Tel. Nos.: (032) 231-1071 Human Resource Development Division (HRDD), Tel. No.: (032) 255-5239
Education Support Services Division (ESSD), Tel. No.: (032) 254-7062 Planning, Policy and Research Division (PPRD), Tel. Nos.: (032) 233-9030;
414-7065 Administrative Division, Tel. Nos.: (032) 414-7326; 414-4367; 414-7366; 414-7322; 414-4367
Finance Division, Tel. Nos.: (032) 256-2375; 253-8061; 414-7321

"EFA 2015: Karapatan ng Lahat, Pananagutan ng Lahat"

April 25, 2018

Dr. Juliet Jeruta
Director III
Regional Director
DepEd Region VII
Sudlon, Lahug, Cebu City



Dear Dr. Jeruta:

Kool Adventure Camp (KAC) is constantly working towards fulfilling its mission of equipping organizations and individuals with the Character, Competence and Citizenship to be leaders of change through powerful learning experience. We make this possible through partnerships and collaboration with like-minded individuals who share the same dream for nation-building.

The Department of Education (DepED) has been a valued and trusted partner in this mission and we would like to continue strengthening our partnership. In line with this, we are inviting all the Youth Focal Regional Coordinators and Regional Human Resource Representatives for the KAC's Partners' Camp 2018 to be held on May 21-23 (Monday-Wednesday), 2018 at Kool Adventure Camp in Balamban. There is a subsidized rate of Php800.00 that will be charged per participant to cover for the program. This fee is inclusive of full meals, accommodations, and the use of other KAC facilities and resources for 3 days excluding transportation to and from the KAC Center.

The Partners' Camp aims to equip participants with leadership and mentoring skills necessary to function as Youth Formators and Training & Development Coordinators. This camp is also an avenue to strengthen the support system for coordinators and to craft partnership goals of DepEd Region VII and KAC for the incoming school year.

Please contact Jean Descutido, KAC Program Assistant via email jean.descutido@rafi.org.ph or thru this number 09206281519 or 260-9000 loc. 1001 and ensure that you give a confirmation of your attendance on or before May 4, 2018 (Tuesday).

Thank you very much for your kind attention and we look forward to your positive response to our invitation. We hope to continue working with you in touching lives and shaping the future of our country.

Sincerely,

DAPHNE DIA
Assistant Director
Youth Development Programs
Kool Adventure Camp, Inc.