



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



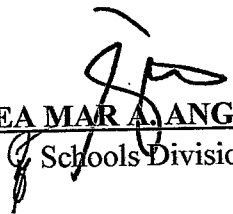
July 23, 201

DIVISION MEMORANDUM  
No.. 494, s. 2018

**RAFI KOOL ADVENTURE CAMP (KAC) PARTNERS' CAMP (BATCH 2) AND  
COORDINATORS' ASSEMBLY**

To: Assistant Schools Division Superintendents  
CID and SGOD Chiefs  
Section Heads  
Education Program Supervisors/Coordinators  
PSDSs/OICs  
Elementary and Secondary School Heads

1. For information and guidance of all concerned, attached is Regional Memo No. 0526 s. 2018 dated July 19, 2018 entitled "**Rafi Kool Adventure Camp (KAC) Partners' Camp (Batch 2) and Coordinators' Assembly**" informing the field on the 2018 Kool Adventure Camp Partners' Camp Coordinators' Assembly to be held at Kool Adventure Camp, Balamban, Cebu on August 14-17, 2018.
2. Please refer to the attached communication for more details.
3. Immediate and wide 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 loc 102 (Corriente) 104 (Noveras) 105 (Gelig)  
Accounting Section : (032)254-2632  
Disbursing Section : (032)255-4401  
Admin /Legal

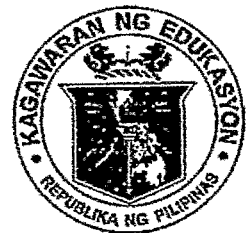
Website : [www.depedcebuprovince.com](http://www.depedcebuprovince.com)  
E-mail Add : [depedcebuprovince@yahoo.com](mailto:depedcebuprovince@yahoo.com)

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Dr. Meng 6/27



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



JUL 19 2018

REGIONAL MEMORANDUM  
No. 0526, s. 2018

**RAFI KOOL ADVENTURE CAMP (KAC) PARTNERS' CAMP (BATCH 2)  
AND COORDINATORS' ASSEMBLY**

To : Schools Division Superintendents / OICs

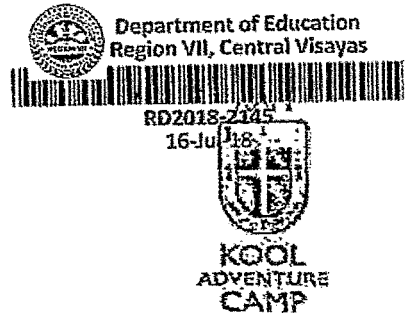
1. Enclosed is the communication from Daphne Dia, Assistant Director, Youth Development Programs, Ramon Aboitiz Foundation Inc. (RAFI), informing this Office on the 2018 Kool Adventure Camp Partners' Camp and Coordinators Assembly to be held at Kool Adventure Camp, Balamban, Cebu on August 14-17, 2018.
2. For more details, please refer to the attached communication.
3. For inquiries and clarifications, you may contact Ms. Jean Descutido, KAC Program Assistant via email through [jean.descutido@rafi.org.ph](mailto:jean.descutido@rafi.org.ph) or through this number 09206281519 or 260-900 loc. 1001.
4. For the appropriate action of all concerned.

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

JAI/STJ/MGB/impjr

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

"ESU 2015: Kawapatan ng Lahat, Pananagutan ng Lahat"



12 July 2018

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

Dear Dr. Jeruta:

Greetings of peace!

Kool Adventure Camp, Inc. (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 (a) Division Youth Focal Regional Coordinators, at most five (5) selected advisers and Regional Human Resource Representatives for the KAC's Partners' Camp 2018 (batch 2) to be held on August 14-16 (Tuesday-Thursday), 2018. This is open only for those who haven't attended the 1st Partners' camp last May 21-23, 2018 to be held in RAFI KAC Adventure Education Center in Balamban, Cebu

The 2nd Partners' Camp will be followed by the (b) Coordinators' Assembly participated exclusively by Division Youth Focal Coordinators to be held on August 16-17, 2018 (Thursday- Friday) at the same venue mentioned above.

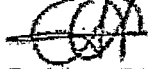
There is a subsidized rate of Php800.00 that will be charged per participant to cover for the program. The payment is the same whether the participant will attend either of the programs or both. This fee is inclusive of full meals, accommodations, and the use of other KAC facilities and resources for the entire duration of the camp/ assembly excluding transportation to and from the KAC Center.

The Partners' Camp, in its 2nd run, aims to equip participants with leadership and mentoring skills necessary to function as Youth Formators and Training & Development Coordinators thru adventure education. In addition, the coordinators' assembly is also an avenue to strengthen the support system for coordinators and to craft partnership goals of DepEd Region VII and RAFI Kool Adventure Camp.

To ensure effectiveness of our program, the participants will fill out a Course Registration Form which is attached in this communication. Please contact Jean Descutido, KAC Program Assistant via email [jean.descutido@rafi.org.ph](mailto: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 July 26, 2018 (Thursday).

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.



RAMON ABOITIZ FOUNDATION INC.  
**KOOL ADVENTURE CAMP**

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

**KOOL  
 ADVENTURE  
 CAMP**

**COURSE REGISTRATION FORM (Form Y)**

*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 Food Restriction (Eq: No Pork, No Seafood, No Chicken, due to Religion, etc.)
Do you have health/accident insurance? _____ YES _____ NO	Name of Insurance Company

**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		
ADMISSION OFFICER:		FACILITATOR'S SIGNATURE:				
REMARKS:						

**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/ 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 within the last two years			
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 <i>Kool Adventure Camp (KAC)</i> of the <i>Ramon Aboitiz Foundation Inc. (RAFI)</i> 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 <u>no smoking</u> and <u>no consumption of alcoholic drinks and illegal drugs</u>. 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 <i>Ramon Aboitiz Foundation Inc. (RAFI) - Kool Adventure Camp</i>, 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><b>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.</b></p>		
<p>_____ Name of Applicant</p>	<p>_____ Signature</p>	<p>_____ Date</p>
<p><b>PHOTO/MEDIA RELEASE:</b></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

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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 -