



Republic of the Philippines
Department of Education
REGION IX, ZAMBOANGA PENINSULA
SCHOOLS DIVISION OF DAPITAN CITY

Office of the Schools Division Superintendent

November 7, 2024

DIVISION MEMORANDUM

No. 501, s. 2024

**PARTICIPATION TO THE TECHNICAL OFFICIATING AND SPORTS
MANAGEMENT COURSE**

TO: Assistant Schools Division Superintendent
Chief Education Supervisors, CID and SGOD
Education Program Supervisors
PSDSs and PICDs
All Private and Public Secondary School Heads
All District and School Sports Coordinators
All School Sports Clubs Coaches and Facilitators
This Division

1. Pursuant to Regional Memorandum No. 713, s. 2024, entitled: "Conduct of Technical Officiating and Sports Management Course", this Division will send participants to this activity on November 15-17, 2024 at Siocon, Zamboanga del Norte.
2. The objective of the activity is to provide the participants with the theoretical and practical training required to make them capable to officiate and manage competitions at the division and regional level.
3. The participants must be physically fit to perform the physical fitness test and shall submit the approved travel authority, medical certificate, consent form and PAR-Q+ during the registration (see Annexes).
4. Participants of public and private schools shall be subject to the no-disruption of classes policy stipulated in DepEd Order No. 9, s. 2005.
5. Enclosed are the list of participants for reference (See Annex A) and requested to wear the appropriate sports attire and bring the necessary sports equipment/supplies (e.g. whistle, stopwatch, scoring indicators, etc.) to be used during the practical sessions.
6. Traveling and other incidental expenses relative to the participation shall be charged against division/school MOOE and/or SEF/Local Funds subject to the usual accounting and auditing rules and regulations.
7. Teachers who will served during Saturdays, Sundays and Holidays shall be granted Service Credits subject to the provision stipulated under DECS Memorandum No. 143, s. 1997. Likewise, School Heads and non-teaching personnel shall be provided with Compensatory Overtime Credit (COC) per CSC and DBM Joint Circular No. 2, s. 2004.

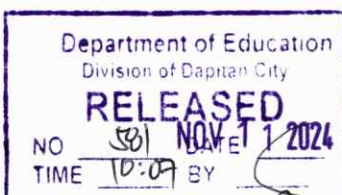




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- For queries, please contact the Division Sports Coordinator, Noel P. Mangubat, through cellphone no. 0939 759 0755, and Assistant Division Sports Coordinator, Rey G. Campos through cellphone no. 0912 291 3304.
- For wide and immediate dissemination of this memorandum is desired.

FELIX ROMY A. TRIAMBULO, CESO V
Schools Division Superintendent



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Annex A

**List of Participants to the Technical Officiating and Sports Management Course
Siocon, Zamboanga del Norte
November 15-17, 2024**

	NAME		EVENT	SCHOOL	
1	Rhodora	C. Dayna	Archery	DCNHS	
2	Ana Liza	B. Viadnes	Archery	DCNHS	
3	Mac alfred	B. Malacat	Archery	DCNHS	
4	Lowell	M. Quezon	Arnis	Talisay IS	
5	Ma. Fatima	M. Malicay	Arnis	Talisay IS	
6	Merlyn	P Rasmus	Athletics	Barcelona CS	
7	Joy	E. Lagasca	Athletics	Taguilon ES	
8	Concepcion	G. Acaac	Athletics	Oyan ES	
9	Jun Carlo	P. Tinio	Athletics	Bacong ES	
10	Arnel	D. Penados	Athletics	Diwaan ES	
11	Loreto	S. Eguia	Athletics	Taguilon ES	
12	Julito	H. Abne	Athletics	Ilaya NHS	
13	Aileen	T. Page	Athletics	San Pedro IS	
14	Emmanuel	A. Verano	Badminton	Barcelona NHS	
15	Winda	O. Fernandez	Badminton	DCNHS	
16	Therese June	C. Buñao	Badminton	DCNHS	
17	Anna Prees	A. Mangubat	Badminton	DCCS	
18	Kimberly	B. Uguis	Badminton	Aliguay IS	
19	Jocel	E. Icao	Badminton	DCNHS	
20	Jeffric	D. Ruiz	Baseball	Selinog IS	
21	Melvin	R. Cabasag	Baseball	Aliguay IS	
22	Lourence	N. Reyes	Basketball	SDO	
23	Rodrigo II	V. Hernane	Basketball	Aliguay IS	
24	Archie Lloyd	C. Melendrez	Basketball	RMIDCI	
25	Ervin	D. Jauculan	Basketball	Hilltop ES	
26	Gil	D. Javier	Basketball	San Francisco ES	
27	John Michael	M. Molijon	Basketball	DCCS	
28	Marlon	C. Andrada	Basketball	DCNHS	
29	Marie Jane	G. Revil	Billiard	Potungan NHS	
30	Ronelo	H. Cagais	Boxing	San Francisco ES	
31	Clarencio	A. Elumba	IV	Chess	Oro NHS
32	Rodello	B. Peñez	Chess	Sulangon CS	
33	James Rey	Ondac	Chess	Dakak NHS	
34	Jan Eduard	B. Potoy	Chess	DCNHS	
35	Felix Shilo	L. Ferrater	Football	Larayan ES	
36	Joseph	E. Rocamora	Football	Sulagon NHS	
37	Cristito	G. Elumba	Football	Baylimango CS	
38	Jessica	S. Abellon	Gymnastics	Barcelona NHS	
39	Delia	C. Dubal	Gymnastics	DCCS	
40	Edralen	D. Daymiel	Gymnastics	DCNHS	
41	Ivy Joy	Coca	Gymnastics	DCNHS	
42	Ma. Alona Jane	C. Eguia	Gymnastics	DCNHS	

	NAME		EVENT	SCHOOL
43	Eziel	G. Tagbacaola	Gymnastics	DCNHS
44	Illuminado	E. Lagasca Jr.	Sepak Takraw	Guimputlan IS
45	Marlon	V. Daganasol	Sepak Takraw	Dampalan ES
46	Eliezer	C. Cabalida	Sepak Takraw	Sulangon NHS
47	Josephine	C. Cabasag	Sepak Takraw	DCNHS
48	Yvonne	A. Sagang	Sepak Takraw	DCNHS
49	Chona	R. Baradillo	Swimming	DCNHS
50	Marie Xelty	L. Enjambre	Swimming	Aliguay IS
51	Ardie	C. Bendano	Swimming	Aliguay SHS
52	Ana Fiela	B. Quimiguing	Swimming	DCNHS
53	Liberty	C. Lumintac	Swimming	DCNHS
54	Liezl	C. Jaictin	Swimming	DCNHS
55	Marian	A. Andag	Swimming	DCNHS
56	Janeth	P. Saldon	Table Tennis	POLO ES
57	Joseph	D. Quimiguing	Table Tennis	Ilaya NHS
58	Marlie	E. Gallemitt	Table Tennis	Ilaya NHS
59	Fielyn Mary	E. Sagario	Table Tennis	Baylimango NHS
60	Alfredo	H. Ferolino	Table Tennis	Larayan ES
61	Ellem	N. Antivo	Table Tennis	DCNHS
62	Jose	T. Icamena Jr.	Taekwondo	Ilaya NHS
63	Perseus	V. Malacat	Taekwondo	Talisay IS
64	Mary Jane	B. Abarico	Taekwondo	DCNHS
65	Jan Hope	S. Verano	Tennis	DCNHS
66	Salome Sharon	C. Yap	Tennis	DCNHS
67	Sarah Jean	J. Eleccion	Tennis	DCCS
68	Diosmie	J. Elumba	Tennis	DCCS
69	Mikhael	Q. Donor	Tennis	DCNHS
70	Jestoni	E. Cagbabanua	Tennis	DCNHS
71	Cherry May	C. Jauculan	Volleyball	Owaon ES
72	Mary Joy	B. Villaroman	Volleyball	Diwaan ES
73	Roel	S. Elcamel	Volleyball	Owaon ES
74	Gerardo	C. Jalosjos	Volleyball	DCNHS
75	Fey Ann	G. Diao	Volleyball	Opao ES
76	Bamie	A. Lantaca	Volleyball	Potungan NHS
77	Edelyn	C. Baguio	Volleyball	DCNHS
78	Diana Gracia	F. Amiler	Paragames	DC SPED Center
79	Marisel	M. Rollinas	Paragames	DC SPED Center
80	Ma. Jean Riza	B. Jamolod	Paragames	DC SPED Center
81	Mark Leo	A. Mejos	Paragames	DC SPED Center
82	Noel	P. Mangubat	DSO	SDO, Dapitan City
83	Rey	G. Campos	ADSO	Potungan CS
84	JR Simed Joseph	B. Saguin	DSAC	Barcelona NHS
85	Jeffrey	G. Jumalon	DSAC	Opao ES



Republic of the Philippines
Department of Education
REGIONAL OFFICE IX, ZAMBOANGA PENINSULA

ZPRAA SECRETARIAT

INFORMED CONSENT FOR FITNESS TESTING

Technical Officiating and Sports Management Course

November 15-17, 2024

Siocon, Zamboanga del Norte

Name of Participant: _____

The purpose of the test is to evaluate your cardiorespiratory fitness to determine your readiness and physical capacity in performing your role as a sports officiating official.

The cardiorespiratory fitness test involves a submaximal test, either the *rockport walk test* that requires brisk walking for one mile or *20-meter multi-stage test* that requires running a series of 20-meter shuttle run with a starting speed of 8.5 km/hr. and increasing by 0.5 km/hr. in the next level and or *other related fitness test* but you may withdraw and or ask at any time if you can no longer keep up with the required pace.

I understand that I am responsible for monitoring my own condition throughout the tests. In the event unusual symptoms occur, I will cease my participation and inform the test administrator of my symptoms.

By signing this consent form, I confirm that I have read it in its entirety and that I understand the description of the test. I also affirm that my questions regarding the fitness test have been answered to my satisfaction. In the event that a medical clearance form signed by my physician is required, I agree to consult with my physician prior to participating in the fitness test.

Additionally, I agree to assume the risk of such testing and further agree to absolve from my liabilities the Department of Education Regional Office IX and ZPRAA Secretariat, including its resource persons for conducting such testing from any and all claims, suits, losses or related causes of action for damages, including but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from the testing program.

Signature of Participant: _____

Date: _____



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Doc. Ref. Code	RO-ORD-F001	Rev	00
Effectivity	09.06.2023	Page	1 of 1



Certificate No. 1549-0883
24.02.2023

PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition <input type="checkbox"/> OR high blood pressure <input type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>



If you answered NO to all of the questions above, you are cleared for physical activity.

Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.

- ▶ Start becoming much more physically active – start slowly and build up gradually.
- ▶ Follow Global Physical Activity Guidelines for your age (<https://www.who.int/publications/i/item/9789240015128>).
- ▶ You may take part in a health and fitness appraisal.
- ▶ If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
- ▶ If you have any further questions, contact a qualified exercise professional.

PARTICIPANT DECLARATION

If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____



If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.

⚠ Delay becoming more active if:

- ✔ You are currently experiencing a temporary illness, such as a cold or fever. It is best to wait until you feel better.
- ✔ You are pregnant. In this case, talk with your health care practitioner, physician, qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
- ✔ Your health changes. Answer the questions on Pages 2 and 3 of this document and/or talk to your health care practitioner, physician, or qualified exercise professional before proceeding with any physical activity program.

PAR-Q+

FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)

1. Do you have Arthritis, Osteoporosis, or Back Problems?

If the above condition(s) is/are present, answer questions 1a-1c

If **NO** go to question 2

1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)? YES NO

1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months? YES NO

2. Do you currently have Cancer of any kind?

If the above condition(s) is/are present, answer questions 2a-2b

If **NO** go to question 3

2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck? YES NO

2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)? YES NO

3. Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm

If the above condition(s) is/are present, answer questions 3a-3d

If **NO** go to question 4

3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

3b. Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction) YES NO

3c. Do you have chronic heart failure? YES NO

3d. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months? YES NO

4. Do you currently have High Blood Pressure?

If the above condition(s) is/are present, answer questions 4a-4b

If **NO** go to question 5

4a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

4b. Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer **YES** if you do not know your resting blood pressure) YES NO

5. Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes

If the above condition(s) is/are present, answer questions 5a-5e

If **NO** go to question 6

5a. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies? YES NO

5b. Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness. YES NO

5c. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, **OR** the sensation in your toes and feet? YES NO

5d. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)? YES NO

5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future? YES NO

PAR-Q+

6. Do you have any Mental Health Problems or Learning Difficulties? This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome

If the above condition(s) is/are present, answer questions 6a-6b

If **NO** go to question 7

6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

6b. Do you have Down Syndrome **AND** back problems affecting nerves or muscles? YES NO

7. Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure

If the above condition(s) is/are present, answer questions 7a-7d

If **NO** go to question 8

7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

7b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy? YES NO

7c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week? YES NO

7d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? YES NO

8. Do you have a Spinal Cord Injury? This includes Tetraplegia and Paraplegia

If the above condition(s) is/are present, answer questions 8a-8c

If **NO** go to question 9

8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

8b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting? YES NO

8c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)? YES NO

9. Have you had a Stroke? This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event

If the above condition(s) is/are present, answer questions 9a-9c

If **NO** go to question 10

9a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

9b. Do you have any impairment in walking or mobility? YES NO

9c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? YES NO

10. Do you have any other medical condition not listed above or do you have two or more medical conditions?

If you have other medical conditions, answer questions 10a-10c

If **NO** read the Page 4 recommendations

10a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months **OR** have you had a diagnosed concussion within the last 12 months? YES NO

10b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? YES NO





10c. Do you currently live with two or more medical conditions? YES NO

**PLEASE LIST YOUR MEDICAL CONDITION(S)
AND ANY RELATED MEDICATIONS HERE:**

GO to Page 4 for recommendations about your current medical condition(s) and sign the PARTICIPANT DECLARATION.

PAR-Q+




 **If you answered NO to all of the FOLLOW-UP questions (pgs. 2-3) about your medical condition, you are ready to become more physically active - sign the PARTICIPANT DECLARATION below:**



-  It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
-  You are encouraged to start slowly and build up gradually - 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
-  As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
-  If you are over the age of 45 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.

 **If you answered YES to one or more of the follow-up questions about your medical condition:**



You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete the specially designed online screening and exercise recommendations program - the **ePARmed-X+** at www.eparmedx.com and/or visit a qualified exercise professional to work through the ePARmed-X+ and for further information.

 **Delay becoming more active if:**

-  You are currently experiencing a temporary illness, such as a cold or fever. It is best to wait until you feel better.
-  You are pregnant. In this case, talk to your health care practitioner, physician, qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
-  Your health changes. Talk to your health care practitioner, physician, or qualified exercise professional before continuing with any physical activity program.

-  You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
-  The authors, the PAR-Q+ Collaboration, partner organizations, and their agents assume no liability for persons who undertake physical activity and/or make use of the PAR-Q+ or ePARmed-X+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

-  All persons who have completed the PAR-Q+ please read and sign the declaration below.
-  If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

For more information, please contact

www.eparmedx.com
Email: eparmedx@gmail.com

Citation for PAR-Q+

Warburton DER, Jamnik VK, Bredin SSD, and Gledhill N on behalf of the PAR-Q+ Collaboration. The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and Electronic Physical Activity Readiness Medical Examination (ePARmed-X+). *Health & Fitness Journal of Canada* 4(2):3-23, 2011.

Key References

- Jamnik VK, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation; background and overall process. *APNM* 36(S1):S3-S13, 2011.
- Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance; Consensus Document. *APNM* 36(S1):S266-s298, 2011.
- Chisholm DM, Collis ML, Kulak LL, Davenport W, and Gruber N. Physical activity readiness. *British Columbia Medical Journal*. 1975;17:375-378.
- Thomas S, Reading J, and Shephard RJ. Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Canadian Journal of Sport Science* 1992;17:4 338-345.

The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+ Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or the BC Ministry of Health Services.