



Republic of the Philippines  
Department of Education  
Region XI  
**SCHOOLS DIVISION OF DIGOS CITY**  
Digos City



Telefax No.: 0825538396; 0825538376

Office of the City Schools Division Superintendent Email: [www.sdsdigos@yahoo.com](mailto:www.sdsdigos@yahoo.com)

**DIVISION ADVISORY NO. 099 s. 2017**

TO : Public Schools District Supervisors  
Elementary/Secondary School Principals (Private & Public)

FROM : **WINNIE E. BATON, Ed.D.**  
Officer In-Charge  
Office of the Schools Division Superintendent

For and in the absence of the ~~OIC-SDS~~ *08/22/17*  
**FRANCIS JUDE D. ALCOMENDRAS**  
Administrative Officer V  
Officer-In-Charge

SUBJECT : **1<sup>st</sup> Mayor Joseph Peñas Province Wide Invitational Swim Meet**

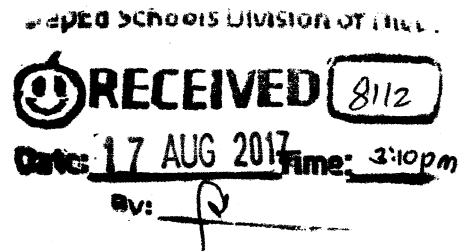
DATE : August 22, 2017

1. Attach herewith is a letter from Kent Gregor J. Abad, Head Coach, AquaverZ Barracudas Swim Squad, inviting all swimming athletes in all private and public schools of Digos City Division to join the 1<sup>st</sup> Mayor Joseph R. Peñas Province Wide Invitational Swim Meet this coming September 2, 2017 as one of the sports activities for the weeklong celebration of the 17<sup>th</sup> Araw ng Digos City.
2. This Office interposes no objection to the above activity provided that the policy of "No Disruption of classes" as per DepEd Order No. 9, s. 2005 entitled "Instituting Measures to Increase Engaged Time-on-Task and Ensuring Compliance Therewith" is observed, participation is on Official Time only, and that no DepEd or Public School Funds be utilized for this purpose.
3. Details of the said activity are contained in the enclosures.
4. Immediate and wide dissemination of this Activity is desired.

DepEd Schools Division Office  
**RELEASED** 8112  
Date: 22 AUG 2017 Time: 11:20 AM  
By: *[Signature]*

# AquaverZ Barracudas Swim Squad

Winnie E. Batoon, Ed.D.  
Officer-In-Charge  
Office of the Schools Division Superintendent  
Schools Division of Digos City



Dear Mrs. Batoon,

A pleasant day to you.


The AquaverZ Barracudas Swim Squad will be hosting an invitational swim meet known as the 1<sup>st</sup> Mayor Joseph Peñas Province Wide Invitational Swim Meet this coming 2<sup>nd</sup> of September 2017 as one of the sports activities for the weeklong celebration of the 17<sup>th</sup> Araw ng Digos City which is primarily sponsored by the City Government of Digos. The above mentioned event will invite LGUs, schools, clubs and individual enthusiasts to participate.

With this regard, we would like to ask your good office to help us reach this information to the different schools here in Digos City and might as well give us some means to communicate other schools within the province.

Kindly see attached papers for the swim meet information kit.

Thank you and more power.

Sincerely,

  
Kent Gregor J. Abad  
Head Coach  
AquaverZ Barracudas Swim Squad

Mobile: 0910-304-2698  
e-mail: kentgregor.abad@yahoo.com

## **The 17<sup>th</sup> Araw ng Digos City Celebration**

**September 08, 2017**

# **1<sup>st</sup> Mayor Joseph Peñas Province Wide Invitational Swim Meet**

### **MEET INFO KIT**

#### **OVERVIEW:**

This mini event is primarily sponsored by the City Government of Digos hosted by the AquaverZ Barracudas Swim Squad. The event runs for only three (3) hours so the number of participants will be limited. A maximum of 150 participants only will be accepted. Entry deadline is on 28<sup>th</sup> of August 2017 but as soon as the maximum number of participants have reached, submission of entries will automatically close.

#### **OBJECTIVE:**

- To gather potential swim athletes in the province of Davao del Sur. Meeting other swimmers and coaches around the province will be an avenue to boost others' interest in the sport expanding the spirit of camaraderie and sportsmanship while enjoying and having fun.

**DATE:** September 02, 2017

**VENUE:** 4R SAN VALI RESORT, Crisologo Compound, Zone 1, Digos City

**ENTRY DEADLINE:** August 30, 2017

**DEADLINE FOR SCRATCHES:** August 31, 2017 – 05:00 p.m.

**Email your entries to:** kentgregor.abad@yahoo.com

**No limit in number of individual entries. NO LATE ENTRIES WILL BE ACCEPTED. Submit entries in MS EXCEL & MS WORD and send through FB messenger or through email. HANDWRITTEN OR PHOTO FORMAT FILES WILL NOT BE ACCEPTED.**

**AGE CATEGORIES:** 9 and under, 10-13 y/o and 14-18 y/o

**AGE OF RECKONING:** Age as of September 02, 2017.

**REGISTRATION FEE:** NO REGISTRATION FEE

#### **DOCUMENTS REQUIRED:**

As required by the City Sports Development Office, all swimmers must submit the following documents on the day of competition;

- a. Parental Consent
- b. Medical Certificate to be accomplished by a private or government doctor.
- c. NSO copy of live birth for age verification (to be sent along with the official entry form)

**NO DOCUMENTS NO SWIM!**

**ELIGIBILITY:** Open to all LGUs, schools and clubs within the Province of Davao del Sur.

#### **WARM-UP, COACHES MEETING and START OF GAME:**

1. Swimmers' check-in starts at 8:00 a.m.
2. Warm-up starts at 8:30 a.m. and must be done within 15 minutes as we only have limited time to use the swimming pool facility.
3. The two (2) middle lanes, 3 & 4, is designated for diving and sprint only. Laps should be done on the remaining lanes 1, 2, 5 and 6.
4. Coaches meeting will commence right away at 08:45 a.m.
5. Game starts at exactly 09:00 a.m. Philippine standard time.

**RULES:**

- 1. Tournament rules will apply. FINA rules on stroke technicality.
- 2. All heat shall be on TIMED FINALS FORMAT.
- 3. Referee’s decision is final.

**SEEDING OF ENTRIES:**

Swimmers with no seed time will be entered in the early heats. However, the organizer reserves the right to enter a seed time for a swimmer based on the result of previous competitions. This result may come from DepEd sponsored or club invitational tournaments.

**AWARDS:**

- 1. Cash prize will be given to the top 3 finishers for each event. 1<sup>st</sup> Php 300.00, 2<sup>nd</sup> Php 200.00, 3<sup>rd</sup> Php 100.00.
- 2. Team with the highest earned points will receive Php 500.00.
- 3. Individual certificates will be given to each of the swimming participants and head coaches.

**SCORING:** 10, 9, 8, 7, 6, 5, 4, 3, 2 pts for 1<sup>st</sup> to 9<sup>th</sup> place respectively and 1 pt the 10<sup>th</sup> place and below.

**PROTEST:** Any protest should be addressed to the Referee in writing signed by the team official coach along with a cash bond of PhP 1,500.00 thirty minutes after the conclusion of the event. If the protest has no merit, the cash bond will be forfeited in favor of the event host.

**GENERAL GUIDELINES:**

- Resort entrance fee and cottages are NOT free of charge. Transactions will be made upon entry.
- Resort and pool facility rules will be applied and must be followed at all times.
- To secure safety to everyone, lifeguards MUST be followed at all times.
- A limited space on the side of the pool is provided for spectators. To ensure safety on everyone, DO NOT cross the line between the pool deck and spectators’ area.
- In the event of any unforeseen incident that may arise, kindly follow Emergency Action Plan (EAP) protocols which will be guided by the event officials and resort staffs.

**EVENT PROGRAM**

Boys	Age	Distance	Event	Girls
1	10 y/o-13 y/o	50m	Backstroke	2
3	14 y/o-18 y/o	50m	Backstroke	4
5	9 and under	25m	Butterfly	6
7	10 y/o-13 y/o	50m	Butterfly	8
9	14 y/o-18 y/o	50m	Butterfly	10
11	9 and under	25m	Backstroke	12
13	10 y/o-13 y/o	50m	Breaststroke	14
15	14 y/o-18 y/o	50m	Breaststroke	16
17	9 and under	25m	Breaststroke	18
19	10 y/o-13 y/o	50m	Freestyle	20
21	14 y/o-18 y/o	50m	Freestyle	22
23	9 and under	25m	Freestyle	24
25	10 y/o-13 y/o	25m	Butterfly	26
27	14 y/o-18 y/o	25m	Butterfly	28
29	10 y/o-13 y/o	25m	Freestyle	30
31	14 y/o-18 y/o	25m	Freestyle	32

**September 08, 2017**  
**1<sup>st</sup> Mayor Joseph Peñas Province Wide Invitational Swim Meet**  
**Official Entry Form**

**Age of reckoning as of September 02, 2017.**

**E-mail your entries at [aquaverz.swimming@gmail.com](mailto:aquaverz.swimming@gmail.com)**

[illegible]

**This is to certify that the entries hereby submitted are true and correct with verifiable birthdates from their respective birth certificates.**

**Name of coach:** \_\_\_\_\_

**Name of club:** \_\_\_\_\_

**Contact number:** \_\_\_\_\_

**LGU:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**The 17<sup>th</sup> Araw ng Digos City Celebration**  
**September 08, 2017**  
**1<sup>st</sup> Mayor Joseph Peñas Province Wide Invitational Swim Meet**

FULL NAME OF PARTICIPANT: \_\_\_\_\_  
Date of Birth Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
School: \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_  
Contact No.: \_\_\_\_\_  
SPORTS EVENT: SWIMMING

---

**PARENTAL CONSENT**

As parent / legal guardian of the participant, I hereby give my full consent and approval for my son/daughter/ward to join the 17<sup>th</sup> Araw ng Digos City 1<sup>st</sup> Mayor Joseph Peñas Province Wide Invitational Swim Meet this September 02, 2017. I understand that there are certain risks of injury inherent in this activity and other related activities incidental to the participation, and I am willing to assume these risks. In addition to giving my full consent for my child's/ ward's participation, I do hereby waive, release the event organizers and staffs, the AquaverZ Barracudas Swim Squad and its officials, members and coaches and the City Government of Digos from any liabilities whether criminal or civil for any injuries that may be incurred by my child/ward in the normal course of the said tournament and the activities incidental thereto.

\_\_\_\_\_  
Parent/Guardian's Signature over Printed Name

=====

**MEDICAL CERTIFICATE**

**To Whom It May Concern:**

This is to certify that \_\_\_\_\_ has been thoroughly examined by me and that he/she is not suffering from weak heart, defective lungs, or some communicable disease that will endanger his/her health or the health of other people. He/She is therefore physically and mentally fit to participate in the 17<sup>th</sup> Araw ng Digos City 1<sup>st</sup> Mayor Joseph Peñas Province Wide Invitational Swim Meet this September 02, 2017.

\_\_\_\_\_  
(Signature over printed name of physician)

License No: \_\_\_\_\_

Date: \_\_\_\_\_