MEMORANDUM

To: Public Schools District Supervisors
   School Heads and School DRRM Coordinators of the selected Schools:
   Bagamanoc Rural Development High School
   Buyo Integrated School
   Caramoran Rural development High School
   Leandro I. Verceles Sr. National High School
   Manambrag National High School
   Mayngaway National High School
   Palta National High School
   Pandan School of Arts and Trades
   Tubli National High School
   Viga Rural Development High School

   All Others Concerned

From: SOCORRO V. DELA ROSA, CESO VI
   Schools Division Superintendent

Subject: Disaster Preparedness Training for Youth and Student Leaders

Date: October 15, 2018

1. The Provincial Disaster Risk reduction and Management Office of Catanduanes will be conducting a Disaster Preparedness Training for Youth and Student Leaders on November 5-9, 2018 at Twin Rock Beach Resort, Virac as part of the province’ disaster preparedness capability building program.

2. Relative to this, Schools mentioned above are encourage to send three (3) Senior High School student leaders to the said training. Registration Form attached shall be submitted to Ms. Maria Audrea L. Vivo, PDO II (DRRM) at the DRRM Unit - SGOD Office not later than October 26, 2018.

3. Registration, accommodation and meals shall be shouldered by the Provincial DRRMO while transportation and other allowable expenses shall be charged against School MOOE subject to usual auditing rules and regulations.

4. For immediate and wide dissemination.
REGISTRATION FORM

Republic of the Philippines
Province of Catanduanes
Provincial Disaster Risk Reduction & Management Office
Virac, Catanduanes

Venue: Twin Rock Beach Resort, Igang, Virac, Catanduanes
Date: November 5-9, 2018

Training to be Taken: Disaster Preparedness Training for Y/S Leaders Batch 3

Name: ____________________________ ____________________________ (Last Name) (First Name) (MLJ) (Nickname)

Date of Birth: __________________ (Month) (Day) (Year) Place of Birth: __________________ Sex: male female Religion: _________________

Height: __________ Weight: __________ Civil Status: ______________ Occupation: ______________ Contact No. ______________

Home Address: ____________________________ ____________________________

Person to be contacted in case of emergency: ____________________________ Relationship: ______________ Contact No. ______________

MEDICAL CERTIFICATE

This is to certify that ____________________________ is physically and mentally fit and:

1. Can lift weight more than his/her weight
2. Has no heart and respiratory problems
3. Can stand activities that require excessive body movements
4. Not on the “family way” (female only) and;
5. Has no contagious disease

__________________________________________________________________________

Date ____________________________

Physician Signature over printed name

WAIVER

I hereby certify that I shall not hold the Provincial Disaster Risk Reduction & Management Office, its staff representative and/or instructor's liable for any and all untoward incidents (losses, damage, injuries, and death) that may result during my attendance in any or all the courses conducted by PDRRMO especially during the ____________________________ Training.

Waiver: ____________________________

Parent/Guardian: ____________________________

__________________________________________________________________________

(Signature over printed name)

(Signature over printed name)