



CATANDUANES

Division

LEVEL

EVENT

SSEAU
SCHOOL SPORTS EVENTS & ACTIVITIES UNIT

COACH	CERTIFICATE OF EMPLOYMENT		CHAPERON
	AFFIDAVIT / SWORN STATEMENT		
	PERSONAL DATA SHEET		
	MEDICAL CERTIFICATE		
NAME			
SCHOOL			
ATHLETE	AR - 1		ATHLETE
	N S O		
	FORM - 137		
	CERTIFICATE OF ENROLMENT		
	CERTIFICATE OF COMPLETION		
	PARENTAL CONSENT		
	MEDICAL CERTIFICATE		
	DENTAL CERTIFICATE		
	INTERVIEWED		
NAME OF ATHLETE			
DATE OF BIRTH			
SCHOOL			
BEIS SCHOOL ID			
SCHOOL ADDRESS			
ATHLETE	AR - 1		ATHLETE
	N S O		
	FORM - 137		
	CERTIFICATE OF ENROLMENT		
	CERTIFICATE OF COMPLETION		
	PARENTAL CONSENT		
	MEDICAL CERTIFICATE		
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