



UNIVERSITY OF  
**Baguio**

LABORATORY ELEMENTARY SCHOOL

General Luna Road, Baguio City Philippines 2600

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January 23, 2023

Dear Parents/Guardians,

Greetings!

In line with the University of Baguio's vision in providing balanced and quality education by nurturing academic excellence, relevant social skills and ethical values in a fun learning environment and objectives in demonstrating talents and skills through wholesome learning opportunities; the UB Laboratory Elementary School is looking for interested Grades 4-6 males who are willing to be trained and learn to play basketball.

Please be informed that the University of Baguio-Athletics Office has recommended Mr. Neil V. Brown as the coach for the UBLES basketball team. If your child is interested to join the basketball team, kindly fill-out the reply slip attached below and return it on or before January 25, 2023 (Wednesday).

In this regard, twelve (12) players will be chosen to represent UBLES Basketball Team for the District Meet to be held on February 4-5, 2023 at Saint Louis University High School. On the other hand, other players are still allowed to join scheduled trainings that will be announced soon.

If you have further inquiries, please contact me at +63935-870-2418 or send an email to [lextereligio@e.ubaguio.edu](mailto:lextereligio@e.ubaguio.edu).

Thank you and more power!

Respectfully yours,


  
**LEXTER S. ELIGIO, M.A.Ed.**  
Head Coach- UBLES Basketball Team

  
**Neil V. Brown**  
Coach – UBLES Basketball Team

Noted by:

  
**ALICIA D. RIVERA, M.A.Ed.**  
Activity Coordinator – UBLES

  
**JUNALYN C. PENRAD, M.A.Ed.**  
Assistant Principal – UBLES

  
**JULIUS T. GAT-EB, Ph.D.**  
Principal – UBLES

  
**HENRY B. BATOCONG**  
Director – UB Athletics Office

#### REPLY SLIP

☐ **YES**, I allow my child/ward to join the try-out training on January 25, 2023 at 1:00 PM-5:00 PM at Brgy. Salud Mitra Basketball Court, Baguio City.

☐ **NO**, I will not allow my child/ward to join the try-out trainings on January 25, 2023 at 1:00 PM-5:00 PM at Brgy. Salud Mitra Basketball Court, Baguio City.

Name of child/ward: \_\_\_\_\_  
Grade & Section: \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PARENTAL CONSENT**

Dear Parent/Guardian:

Please be informed that your child/ward \_\_\_\_\_ is  
a participant of: *(Complete name of student)*

Title of Activity : Basketball Try-out

Date : January 25, 2023 @ 1:00 PM – 5:00 PM

Venue : Brgy. Salud Mitra Basketball Court, Baguio City

Your permission therefore is kindly requested. The school will exercise utmost care and diligence to ensure his safety and well-being, however, it shall not be accountable for any incident that may occur beyond its control or caused by your child/ward's negligence.

Truly yours,

**LEXTER S. ELIGIO, M.A.Ed.**

Head Coach - UBLES Basketball Team

**Neil V. Brown**

Coach - UBLES Basketball Team

Noted by:

**ALICIA D. RIVERA, M.A.Ed.**

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Director – UB Athletics Office



**DECLARATION OF GOOD HEALTH & FITNESS TO JOIN OFF-CAMPUS ACTIVITIES**

I, \_\_\_\_\_, have read and understood the provisions regarding the Off-Campus Activity (Basketball Try-out) scheduled on January 25, 2023. I will faithfully observe and follow such provisions to achieve the objectives of the activity and to avoid the occurrence of any untoward incident.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Are you at present in good health?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you suffered from any illness/disease requiring treatment for a week or more?<br><i>If yes, please attach a medical clearance from your physician (attested by the University physician) stating that you are fit to join the off-campus program.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had any operation, accident or injury?<br><i>If yes, please attach a medical clearance from your physician (attested by the University physician) stating that you are fit to join the off-campus program.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had or do you have a heart condition, a stroke, hypertension, paralysis, cancer, diabetes, kidney failure, liver failure, mental illness?<br><i>If yes, please attach a medical clearance from your physician (attested by the University physician) stating that you are fit to join the off-campus program.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

\_\_\_\_\_  
**Parent/Guardian's Signature above printed name**

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

ID presented: \_\_\_\_\_

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