

DE LA SALLE-COLLEGE OF SAINT BENILDE
HUMAN RESOURCE DEPARTMENT
SPORTSFEST 2009

Introduction

The Sportsfest 2009 aims to provide faculty, staff and administrators a venue to engage in sports activities that enhance physical fitness. The DLS-CSB Sportsfest seek to foster physical development in a friendly - competitive atmosphere with the elements of fun and recreation. We hope to provide participants with activities for exercise, recreation and fun in relaxed yet structured development.

Objectives

- To provide a venue for friendly athletic activities between faculty members, administrative staff, support staff and administrators of the College.
- To provide opportunities for social interaction between faculty members, staff and administrators.

Players Eligibility and Expectation

- Individual Eligibility
 - Open to all **REGULAR** (administrative/support) staff or Administrator regularized on or before (**May 15, 2009**) and Full-time and Part time faculty who served at least **3 terms** are eligible to participate in this year's Sportsfest.
- Team Eligibility
 - **An individual may participate for only one event.** The following are the events to be played with the corresponding maximum number of players:
 - Basketball-composed of 10 teams with (12) players (maximum) per team only 12 players can play during the ballgame, 3 players are reserved. Reserved players will shoulder the expenses for their uniforms.
 - Volleyball at least 4 teams with (12) players mixed (8 Female/4 Male) per team; during the game , the team can have a maximum of 2 males to play at the same time inside the court.
 - Badminton 6 teams per event (2 Mixed / 2 Male / 2 Female) players (Mixed Doubles/Male Doubles/Female Doubles)
 - Dart (Individual) - 8 slots
 - Chess (Individual) - 8 slots
 - Table Tennis (Individual) - 8 slots

Signing Up for PALIGSAHAN 2009

1. An individual will only be eligible if she/he fills up and submits the PALIGSAHAN 2009 Application Form on before the schedule date.
2. A player can volunteer to be a Team Captain or Co-Captain

DE LA SALLE-COLLEGE OF SAINT BENILDE
HUMAN RESOURCE DEPARTMENT
SPORTSFEST LINE-UP FORM

ENCIRCLE ONE:

- 1. Team Sports
 - a. Basketball
 - b. Volleyball

- 2. Individual/Dual
 - a. Badminton
 - b. Table Tennis
 - c. Chess
 - d. Dart

TEAM NAME: DEPARTMENT (PLEASE PRINT) _____

TEAM CAPTAIN: _____

Co-Captain: _____

Team Roster

No.	Name	Sector Faculty/Staff	Jersey No.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

BADMINTON TOURNAMENT SY 2009 (36 Players)

Name: _____ Department: _____ Signature: _____

Sector (Faculty/Staff): _____

Name: _____ Department: _____ Signature: _____

Sector (Faculty/Staff): _____

CATEGORY

____ Mixed Doubles ____ Men's Doubles ____ Women's Doubles

Note: Team members must have complete details and must specify what category to participate in, first come first serve basis only.

TABLE TENNIS TOURNAMENT SY2009 (8 Players)

Name: _____ Department: _____ Signature: _____

Sector (Faculty/Staff): _____

Note: Team members must have complete details and must specify what category to participate in, first come first serve basis only.

CHESS TOURNAMENT SY 2009 (8 Players)

Name: _____ Department: _____ Signature: _____

Sector (Faculty/Staff): _____

DART TOURNAMENT SY 2009 (8 Players)

Name: _____ Department: _____ Signature: _____

Sector (Faculty/Staff): _____

DE LA SALLE-COLLEGE OF SAINT BENILDE
PALIGSAHAN 2009
SPORTSFEST APPLICATION FORM and Injury and Liability Waiver

For: Faculty and Staff

FULL NAME: _____ YRS OF SERVICE IN DLS-CSB: _____

Department : _____

Sports: a) Basketball b) Volleyball c) Badminton d) Table Tennis e) chess f) Dart
- (choose only one)

Intramurals Rules and Regulation Acknowledgement

I, _____, hereby acknowledge that I have received And read the document stating the rules and regulations of the De La Salle-College of Saint Benilde, Sportsfest 2009 and am responsible to know, understand and abide by its contents.

Note: Please read the Players Eligibility and Expectations

Signature: _____ Date: _____

Deadline of submission of Application Form Oct. 23, 2009, 5pm @ HRD (The line-up form should be submitted with all the individual application forms)

DLS-CSB SPORTSFEST 2009
Waiver Form
Assumption of Risk and Agreement to Participate

In consideration of my being permitted by DLS-CSB to participate in the Sportsfest at its facilities, I agree to the following waiver and agreement and I make the following representations:

I understand the risks in joining competitive sports in Sportsfest 2009, this year's DE LA SALLE-COLLEGE OF SAINT BENILDE SPORTSFEST and other activities including those that take place outdoors. I realize that those risks include falls, equipment failure, bad decision-making, floors that have become slippery due to use other than that of the SPORTSFEST games, injuries from slips, trips or fall while observing or participating in activities sponsored by the SPORTSFEST COMMITTEE but not limited to injuries sustained while using work-out areas and other facilities within the gym area.

I am physically fit and know of no medical or health reason why I should not participate in the activities that take place in the SPORTSFEST 2009. I certify that I have health, accident and liability insurance to cover any bodily injury or property damage I may suffer or else I agree to bear the cost of such injury or damage to myself.

I hereby voluntarily release, forever discharge and agree to hold harmless and indemnify from any and all liability claims, demands, actions or rights of action which are related to, arise out of or are in anyway connected with my participation in this activity, including those allegedly attributed to the negligent acts or omission of De La Salle-College of Saint Benilde.

My signature below indicates that I have read this waiver form and that I understand it affects my legal rights. I agree to be bound by its terms and conditions.

Date: _____

Print Name: _____ Signature: _____
Address: _____
Phone No: _____
Person to notify in case of emergency: _____
Relationship: _____

Instructions: Just print your name and sign (twice). You do not need to fill-up the blank fields.

DE LA SALLE-COLLEGE OF SAINT BENILDE
SPORTSFEST 2009 SPORTSMANSHIP AGREEMENT

Date

(Please leave the form blank except for the signature, stated in the penalty on violations against the DLS-CSB SPORTSFEST SPORTSMANSHIP AGREEMENT.)

I promise to pay DLS-CSB the amount of _____ every payday, through salary deduction until the full amount has been paid within a period of _____ pay periods, with the first installment to fall on _____.

In the event that I terminate my services with the College and/or the College terminates my services, I shall pay the remaining balance on my last working day with the College.

Signature over printed name

SALARY DEDUCTION AUTHORIZATION

To the DLS-CSB Accounting Office:

Please deduct from my salary the amount _____ every payday for the period of _____ pay periods, as installment payment for the penalty on violations against the DLS-CSB SPORTSFEST SPORTSMANSHIP AGREEMENT.

Signature over printed name