



Republic of the Philippines  
**Department of Education**  
Region VI – Western Visayas  
**SCHOOLS DIVISION OF CAPIZ**

**Division Advisory No. 101 , s. 2025**

20 OCT 2025

In compliance with DepEd Order (DO) No. 8, s. 2013

This advisory is issued not for endorsement per DO 28, s. 2001, but only for the information of DepEd Capiz officials, personnel/staff, as well as the concerned public.

(Visit [www.deped.gov.ph](http://www.deped.gov.ph))

**TWINKLER' PLAYDAY**

Attached is the Girl Scouts of the Philippines Capiz Council Local Circular No. 26, s. 2025 titled **Twinkler' Playday**.

Participation to this activity is voluntary and subject to compliance with DepED Order No. 012, s. 2025 titled **Multi-Year Implementing Guidelines on the School Calendar and Activities**, DepEd Order 09, s. 2005 titled **Instituting Measures to Increase Engaged Time-on-Task and Ensuring Compliance Therewith**, DepEd Order No. 008, s. 2023 titled **Participation of Teachers in Volunteer Work and Extra Curricular Activities**, and DepEd Order No. 66, s. 2017 titled **Implementing Guidelines on the Conduct of Off-Campus Activities**. The details and overview of this program are attached for reference.

For more information and verification, contact:

**SHERRY ROVELL C. VILLAR**

Council Scout Executive

Girl Scouts of the Philippines

Capiz Council

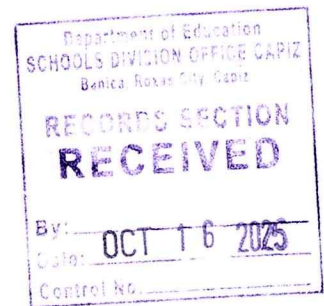
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**GIRL SCOUTS OF THE PHILIPPINES**

Visayas Region  
Capiz Girl Scout Council



**Local Circular No. 26**

Series 2025  
October 15, 2025

**TO:** DISTRICT SUPERVISORS, DISTRICT COMMISSIONERS, ELEMENTARY SCHOOL HEADS, PRIVATE SCHOOLS/UNIVERSITIES/ CHED, TWINKLERS TROOP LEADERS, TROOP LEADERS REPRESENTATIVE TO THE COUNCIL BOARD, DISTRICT FIELD ADVISERS(DFA), AND PDO - YOUTH FORMATION OF CAPIZ DIVISION SDO & ROXAS CITY SDO

**FROM:** THE COUNCIL PRESIDENT

**RE:** TWINKLERS' PLAYDAY

Dear Sir/Madam,

Greetings!

This is to confirm the schedule of the Twinklers' Playday on Saturday, November 8, 2025, 8: 30 AM – 5:00 PM which will be held at the Robinsons Mall, Roxas City. Kindly take note of the details of this event.

- **EVENT:** Twinklers' Playday
- **DATE:** Saturday, November 8, 2025
- **TIME:** 8:30 AM – 5:00 PM
- **VENUE:** Robinsons Mall, Roxas City
- **THEME:** "Once a Girl Scout, Always a Girl Scout"
- **REG. FEE:**
  - For Twinklers: P500.00 (2 Snacks, 1 Lunch, Program Materials, Token, Misc. Expenses)
  - For Chaperones/TL: P500.00 (2 Snacks, 1 Lunch, Program Materials, Token, Misc. Expenses)
  - For Parents/ Guardian: P100.00 (1 Snacks, Training Materials, Misc. Expenses)

Attached are the Event Required Forms and Registration Form to be submitted on or before **October 24, 2025** at GSP Capiz Council.

The funds and necessary expenses for this event of participating Troop Leaders and Girls may be charged to Local/ District GS Funds.

Thank you very much and we shall look forward to your support for this scouting activity.

God bless you always.

  
**SEGUNDINA F. DOLLETE, EdD**  
Council President

GIRL SCOUTS OF THE PHILIPPINES  
VISAYAS REGION  
CAPIZ COUNCIL

**APPLICATION FORM**  
(GIRL)

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

**PERSONAL DATA:**

Name: \_\_\_\_\_

\_\_\_\_\_  
LAST MIDDLE FIRST  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Troop Number: \_\_\_\_\_ Council: \_\_\_\_\_ Date of Last Registration: \_\_\_\_\_  
Religious Affiliation: \_\_\_\_\_ Number of Years in Scouting: \_\_\_\_\_  
Camps/Special Events Attended:

<u>Event</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____
_____	_____

In emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**PARENT'S CONSENT**

This is to certify that I have given full consent for my daughter  
\_\_\_\_\_ to participate at the \_\_\_\_\_  
\_\_\_\_\_.

I have considered the benefits that my daughter will derive from her participation in this activity with the understanding that every precaution is to be taken to ensure her safety.

I shall not hold the Girl Scouts of the Philippines or its representative responsible for any untoward accident that may happen beyond their control. Her physical fitness is assured in a medical examination.

\_\_\_\_\_  
Date Signed: \_\_\_\_\_  
Parent/Guardian

**CERTIFICATION & ENDORSEMENT**

We hereby certify that the applicant has met all requirements for participation in this event.

_____ Troop Leader		
_____ Council President		_____ Council Executive

**GIRL SCOUTS OF THE PHILIPPINES  
NATIONAL HEADQUARTERS  
MANILA**

**HEALTH EXAMINATION FORM**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Surname First Middle

Parent Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street & Number Town/City Province

In case of emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**HEALTH HISTORY: (check - giving approximate dates)**

Frequent Colds \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Chickenpox \_\_\_\_\_

Abscessed Ears \_\_\_\_\_ Convulsion \_\_\_\_\_ Mumps \_\_\_\_\_

Fainting \_\_\_\_\_ Sleep Walking \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Frequent Sore Throats \_\_\_\_\_ Measles \_\_\_\_\_

Sinusitis \_\_\_\_\_ Heart Trouble \_\_\_\_\_

Bronchitis \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

Stomach Upset \_\_\_\_\_ Athlete's Foot \_\_\_\_\_

Constipation \_\_\_\_\_ Tuberculosis \_\_\_\_\_

Operations or serious injuries \_\_\_\_\_ Diabetes \_\_\_\_\_

Allergic Reactions: \_\_\_\_\_

Penicillin \_\_\_\_\_ Other Drugs \_\_\_\_\_

Details of above or additional information \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_

Restricted? \_\_\_\_\_

**IMPORTANT :** Please notify the camp if this applicant is exposed to any communicable disease during the three weeks prior to camp attendance.

**Suggestions from Parent/Guardian**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

in case of Surgical Emergency  
I hereby give permission to the physician  
selected by the camp director to hospitalize,  
secure prior treatment for, and to order  
injection, anesthesia or surgery for my  
daughter as named above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Examining Physician



# GIRL SCOUTS OF THE PHILIPPINES

## COVID-19 HEALTH DECLARATION AND LIABILITY WAIVER

Council:		Region:	
Name:			
Last	First	Middle	
Date of Birth:		Age:	
Home Address:		Phone No.:	
Parents/Guardian:			
Person to notify in case of emergency:			
Relationship:			
Address:		Phone No.:	
<b>COVID-19 HEALTH DECLARATION</b>			
<b>COVID-19 Exposure:</b> Are you currently experiencing symptoms or have experienced within the last 14 days? Put a Check. (Kasalukuyan ka bang nakakaranas ng sintomas o nakaranas sa huling 14 na araw? Lagyan ng Tsek.)			
Symptoms (Mga Sintomas)		Yes (Oo)	No (Hindi)
Sore throat (pananakit ng lalamunan/masakit lumunok)			
Shortness of Breath (Hirap sa paghinga)			
Body Pains (Pananakit ng katawan)			
Headache (Pananakit ng ulo)			
Fever for the past few days (Lagnat sa mga nakalipas na araw)			
Loss of taste or smell (Pagkawala ng panlasa o pang-amoy)			
Cough and/or cold (Ubo at/o sipon)			
Diarrhea (Pagtatae)			
<b>Recent Travel:</b> Did you travel outside the Philippines in the last 10 days? Yes _ or No _ If yes, have you completed the required testing or protocol?			
<b>COVID-19 Vaccination Status:</b> Please put a check on your vaccination status and kindly write the brand of your COVID-19 vaccine.  If unvaccinated, the camper needs to present a negative RT-PCR test result valid within 72 hours before the camp or a negative antigen result valid within 24 hours before the camp.			
Fully Vaccinated with Booster		Fully Vaccinated	Partially Vaccinated
1 <sup>st</sup>	2 <sup>nd</sup>		
Unvaccinated			

## LIABILITY WAIVER

I hereby acknowledge that the COVID-19 is an extremely contagious disease caused by coronavirus that spreads easily through person-to-person contact. I acknowledge that by attending this camp, I could increase my risk of contracting COVID-19. Further, while traveling to and attending the camp, I may not be able to practice "social distancing" and may be in close proximity with individuals who could potentially be infected with COVID-19.

I hereby voluntarily seek to attend this camp and acknowledge that my actions may increase my risk of exposure to COVID-19. I accept the risk and agree to hold harmless the Girl Scouts of the Philippines, its volunteers and professional staff, from any and all claims that may arise from or relate to my attendance at this event or my use of GSP's facilities, including any claims concerning exposure to COVID-19 and any resulting harm or injury, including permanent disability and death.

I hereby acknowledge and agree that during my attendance at this camp, I will comply with all procedures designed to reduce the spread of COVID-19.

I hereby understand that, by signing this Waiver, I agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, if I experience symptoms of COVID-19 within 14 days after attending the camp, I will notify GSP at (council/regional/NHQ email address whichever is the camp organizer.)

I hereby acknowledge that I have read the foregoing agreement, understand all its provisions, and sign it voluntarily as my own free act and deed.

\_\_\_\_\_  
Signature of Applicant over Printed Name

Consent given by:

\_\_\_\_\_  
Signature of Parents over Printed Name

Endorsed by:

\_\_\_\_\_  
Signature of Troop Leader over Printed Name

Approved by:

\_\_\_\_\_  
Signature of Council Executive over Printed Name

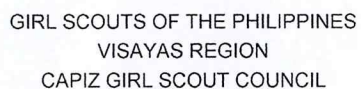
\_\_\_\_\_  
Signature of Regional Executive Director over Printed Name

\_\_\_\_\_  
Date

### IMPORTANT!

This form must be received at GSP National Headquarters/Regional/Council whichever is the camp organizer on or before \_\_\_\_\_.

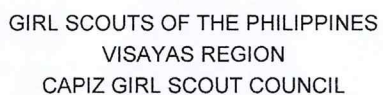




## TWINKLERS' PLAYDAY

**November 8, 2025**

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## REGISTRATION FORM FOR PARENTS

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