



Technical Guidelines

2019 BATANG PINOY

The **BATANG PINOY 2019** Qualifying Competitions will comprise of the following categories :

<p>EARLY AGE: 7 to 9 years old BOYS AND GIRLS SENI CATEGORY 1. TUNGGAL 2. GANDA 3. REGU</p>

PRE-TEENAGER: 10 to 12 years old	
TANDING Category	
<p>BOYS Class A - 34 - 37 kg Class B: 37 - 40 kg Class C: 40 - 43 kg Class D: 43 - 46 kg Class E: 46 - 49 kg Class F: 49 - 52 kg Class G: 52 - 55 kg Class H: 55 - 58 kg Class I : 58 - 61 kg Class J : 61 - 64 kg Class K: 64 - 67 kg Class L : 67 - 70 kg</p>	<p>GIRLS Class A - 34 - 37 kg Class B: 37 - 40 kg Class C: 40 - 43 kg Class D: 43 - 46 kg Class E: 46 - 49 kg Class F: 49 - 52 kg Class G: 52 -55 kg Class H: 55 - 58 kg Class I : 58 - 61 kg Class J : 61 - 64 kg</p>

PRE-TEENAGER: 10 to 12 years old	
SENI Category	
<p>BOYS Tunggal Ganda Regu</p>	<p>GIRLS Tunggal Ganda Regu</p>



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TEENAGER: 13 to 15 years old

TANDING Category

BOYS

Class A - 39 - 43 kg
Class B: 43 - 47 kg
Class C: 47 - 51 kg
Class D: 51 - 55 kg
Class E: 55- 59 kg
Class F: 59 - 63 kg
Class G: 63 - 67 kg
Class H: 67 – 71 kg
Class I : : 71 – 75 kg
Class J : 75 – 79 kg
Class K: 79 –83 kg
Class L: 83 - 87 1kg

GIRLS

Class A - 39 - 43 kg
Class B: 43 - 47 kg
Class C: 47 - 51 kg
Class D: 51 - 55 kg
Class E: 55- 59 kg
Class F: 59 - 63 kg
Class G: 63 - 67 kg
Class H: 67 – 71 kg
Class I : 71 – 79kg
Class J : 61 – 64 kg

TEENAGER: 13 to 15 years old

SENI Category

BOYS

Tunggal
Ganda
Regu

GIRLS

Tunggal
Ganda
Regu



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FORM A - ENTRY BY NUMBER

Name of TEAM	
Address /Contact Number/email	
Name of Coach Contact Details	

SENI (ARTISTIC CATEGORY)		
BOYS	Early Age (7-9 yrs Old)	GIRLS
SINGLE	Tunggal	SINGLE
DOUBLE	Ganda	DOUBLE
TEAM	Regu	TEAM

SENI CATEGORY			SENI CATEGORY		
Pre- Teen (10-12 Yrs Old)	BOYS	GIRLS	Teen- (10-12 yrs Old)	BOYS	GIRLS
Tunggal	SINGLE	SINGLE	Tunggal	SINGLE	SINGLE
Ganda	DOUBLE	DOUBLE	Ganda	DOUBLE	DOUBLE
Regu	TEAM	TEAM	Regu	TEAM	TEAM

Pre- Teen (10-12 Years Old)		TANDING CATEGORY	Teen-ager (13-15 Years Old)	
BOYS	GIRLS	WEIGHT	BOYS	GIRLS
Class A	Class A	39 - 43 kgs	Class A	Class A
Class B	Class B	43 - 47 kgs	Class B	Class B
Class C	Class C	47 - 51 kgs	Class C	Class C
Class D	Class D	51 - 55 kgs	Class D	Class D
Class E	Class E	55- 59 kgs	Class E	Class E
Class F	Class F	59 - 63 kgs	Class F	Class F
Class G	Class G	63 - 67 kgs	Class G	Class G
Class H	Class H	67 - 71 kgs	Class H	Class H
Class I	Class I	71 - 75 kgs	Class I	Class I
Class J	Class J	75 - 79 kgs	Class J	Class J
Class K		79 - 83 kgs	Class K	
Class L	XXXXXXXXXX	83 - 87 kgs	Class L	XXXXXXXXXX

Note: Just encircle the selected Category for your Entry.

Coach/Team Manager : _____
 Print and Sign

Date Signed : _____



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FORM B - ENTRY BY NAME

Name of TEAM	
Address /Contact Number/email	
Name of Coach Contact Details	

CATEGORY	MALE	DOB	FEMALE	DOB
SENI Early Age (7-9 yrs Old)				
Tunggal				
Ganda				
Regu				

CATEGORY	MALE	DOB	FEMALE	DOB
SENI Pre- Teen (10-12 yrs Old)				
Tunggal				
Ganda				
Regu				

CATEGORY	MALE	DOB	FEMALE	DOB
TANDING Pre- Teen (10-12 yrs Old)				
Class A - 39 - 43 kg				
Class B: 43 - 47 kg				
Class C: 47 - 51 kg				
Class D: 51 - 55 kg				
Class E: 55- 59 kg				
Class F: 59 - 63 kg				
Class G: 63 - 67 kg				
Class H: 67 – 71 kg				
Class I : 71 – 75 k				
Class J : 75 – 79 kg				
Class K: 79 –83 kg				
Class L: 83 - 87 1kg				



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CATEGORY	MALE	DOB	FEMALE	DOB
SENI Teen (13-15 yrs Old)				
Tunggal				
Ganda				
Regu				

CATEGORY	MALE	DOB	FEMALE	DOB
TANDING Teen (10-12 yrs Old)				
Class A: 39 - 43 kg				
Class B: 43 - 47 kg				
Class C: 47 - 51 kg				
Class D: 51 - 55 kg				
Class E: 55- 59 kg				
Class F: 59 - 63 kg				
Class G: 63 - 67 kg				
Class H: 67 – 71 kg				
Class I : 71 – 75 k				
Class J : 75 – 79 kg				
Class K: 79 –83 kg				
Class L: 83 - 87 1kg				

Coach/Team Manager : _____
 Print and Sign

Date Signed : _____



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FORM C - ATHLETE'S MEDICAL CHECK UP REPORT / DECLARATION

Name	
Address	
Age/Date of Birth	

DOCTOR'S CHECK LIST

* Tick (√) in the appropriate box

	Illness	Yes	No
1.	Asthma		
2.	Heart Illness		
3.	High Blood Pressure		
4.	Diabetes		
5.	Fit		
6.	Handicapped		

1. Pulse rate/ Minute:

2. BloodPressure

Systolic (mmhg)	
Diastolic (mmhg)	

3. Heart:

4. Lung:

5. Abdomen:

Notes: _____

I herewith confirm that this person:

<input type="checkbox"/>	Does not have any illness, healthy and allowed to participate in this tournament.
<input type="checkbox"/>	Have illness /illnesses of _____ and allowed/ disallowed to participate the tournament.

Date: _____

(Doctor's Approval)

Name :

PTR License:



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FORM D - WEAPONS FORM (to be submitted on the Registration Day)				
No	Type / Name of Weapons	Quantity	Size (Length, width, weight)	Remarks / Purpose
Name / Designation / Date			Signature of Coach	



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