

**SULAY SA FUTURO
SORSOGON CITY**

PARTICIPANT'S PROFILE

Division: Female Male

Name: _____

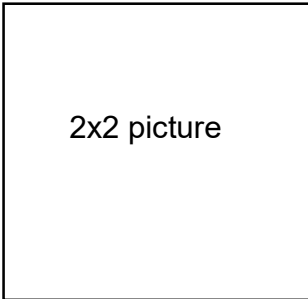
Complete Address: _____

Date of Birth: _____

Age: _____

Contact number: _____

[For Elem. and Secondary) Learner Reference Number (LRN): _____



WAIVER/ PARENT'S CONSENT

To whom it may concern:

I hereby certify that my child is in good health condition to participate in this volleyball tournament. Considering the benefit that will be derived from participating in this event for the best interest of my child/ ward, we hereby voluntarily waive any claim against the organizer and all authorities' participation after the precautionary measures and exhaustive efforts have been taken by the persons in charge.

In the event that my child needs immediate medical attention, I authorize the medical staff and give my consent to them to provide routine and emergency medical care for my child.

Done in _____ this ____ day of _____, 2023.

Signature of Parent/ Guardian above Printed Name