Republic of the Philippines
CATANDUANES STATE UNIVERSITY
Virac, Catanduanes
Email: catsu1961@catsu.edu.ph / OSADS: osads@catsu.edu.ph

PARENTAL CONSENT AND WAIVER FORM

I, _____, do hereby grant permission to my son/daughter, _____, to attend the Swimming Tryouts on August 5-6, 2026 at *Catanduanes State University, Swimming Pool.*

(Name of Parent/Guardian) (Name of Student) (Title of Event) (Venue of Event)

It is understood that my son/daughter shall abide by the rules and regulations that may be imposed by the organizers for the welfare and safety of its participants. It is further understood that I fully agree to waive any responsibility on the part of the school and the organizers in case of any untoward incident (due to nonobservance of the conference rules and regulations) which might happen to my son/daughter during the event.

Done this __ day of _____, 2026 at the _____.

_____
Signature over Printed Name of Student

_____
Signature over Printed Name of Parent/Guardian

Contact Number in case of Emergency

Noted:

BERNA MARIE G. BAUTISTA
Signature over Printed Name of the Coach

ROGER B. TAGLE
Signature over Printed Name of Coach