CEBU DOCTORS' UNIVERSITY

1 DR. P.V. LARRAZABAL JR AVENUE, NORTH RECLAMATION AREA
SUBANGDAKU, MANDAUE CITY

PARENTS OR GURADIANS WAIVER

I, _____, as a parent/guardian of _____hereby acknowledge to have received information regarding the administration and implementation of the scheduled tryouts for CDU Student athletes. I am aware that part of my child's participation will be performing their skills enhancement and assessment in the sports that suit best their interest. I am granting permission for my child by signing this waiver.

_____

PARENTS/GUARDIANS SIGNATURE OVER PRINTED NAME