REGISTRATION FORM
BAGANGA TRI KIDS 2026

Seawall Lambajon, Baganga, Davao Oriental
May 30, 2026 – 6:00 AM

PARENTS NAME:_____
First Name Middle Name Last Name

NAME:_____
First Name Middle Name Last Name

ADDRESS:_____

_____

BIRTHDAY: _____ AGE: _____ GENDER: _____

CONTACT #:_____ EMAIL ADD:_____

CONTACT PERSON: _____CONTACT #:_____

TEAM NAME / ORGANIZATION : _____

CATEGORY: (Please Check)

8 & Below ☐ 9-11 Years Old ☐ 12-15 Years Old ☐

SINGLET SIZE: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

K8 K10 K12 K14 K16 K18 2XS XS S

WAIVER OF LIABILITY

I KNOW THAT there are certain risks of physical injury to participants in **BAGANGA TRIKIDS 2026.** By signing the entry form, I agree to abide by the rules of this event and certify that I am fully and physically fit to finish the race, and that I fully accept the Waiver of Liability. I understand that participating in the event may involve real risk of serious injury or even death from various causes including but not limited to falls, over exertion, dehydration, contact with other participants, spectators, road users, effect of weather, and condition of the road. I voluntary assume all the risks associated with my participation in the event or any activity associated with it.

I, in consideration of and as a condition of the acceptance of this entry for myself, my executors, administrators, heirs, next kin hereby waive, release and forever discharge the event organizers, sponsors, promoters from all claims, action or damages that I may have against them howsoever cause, arising out of or in any way connected with my participation in this event.

_____ _____

Signature of Participant Over Printed Name

Signature of Parent/Guardian Over Printed Name (Minor)