ISAAL PHILIPPINES, INC.

INTER-SCHOOL ACADEMIC ATHLETIC LEAGE, PHILIPPINES, INC.

"Achieving Excellence Together"

NAME: _____

SCHOOL: _____

AGE: _____ **SEX:** _____ **BIRTH DATE:** _____

HOME ADDRESS: _____

CONTACT NO: _____ **EMERGENCY NO:** _____

I, the undersigned, declare on my honor that, to the best of my understanding, I meet the eligibility requirements set forth by the ISAAL PH for participation in its events.

As a ISAAL PH student-athlete, I understand the attitudes of fair play, civility, sportsmanship, school pride, and friendly competition expected of myself and my team at all times while I participate in the ISAAL PH, and will act accordingly to best represent my school.

LRN: _____

DOCUMENT INVESTIGATION AND WAIVER RELEASE FORM

I, **THE UNDERSIGNED**, hereby vouch for the authenticity of the documents submitted in fulfillment of requirements for entry in **the 20TH Season ISAAL PH, Sports Tournament**. In any event that there is discrepancy or inconsistencies of data pertaining to student athlete/s. I am giving full permission for a review and disclosure of pertinent records to facilitate a thorough investigation of the matter. These records may include, but are not limited to, Philippine Statistics Authority- or National Statistics Office-certified Birth certificate, Form-137, Form 138. The school/student/parent shall furnish all documents requested by the ISAAL PH Sports Committee with the intent of ascertaining our compliance to the ISAAL PH Sports Guidelines and Requirements S.Y. 2026 – 2027.

_____ _____

Signature over Printed Name of Student Athlete **Signature over Printed Name of Parents/Guardian**

Date signed: _____ **Date signed:** _____

WAIVER AND QUITCLAIM

I, **THE UNDERSIGNED**, hereby apply for entry in the **20TH Season ISAAL PH, Sports Tournament**. Having read this waiver and knowing the facts in consideration of accepting this entry, I, the undersigned, hereby waive and release all claims of any kind, nature and description, which I have now or in the future against the sponsors, ISAAL PH Executive Officers and organizers, School Administrators, the technical experts and the different venues and representatives, successors and assigns or all authorities and hold them harmless for any and all injuries or untoward incident sustained, or lost items and while traveling to and from or while participating in the 20TH Season ISAAL PH , Sports Tournament, beyond their control in the course of my participation after all precautionary and exhaustive efforts have been taken by the person in-charge.

I HEREBY AGREE to abide by and am bound by the rules and regulations of the 20TH Season ISAAL PH, Sports Tournament, and by any decision that may be imposed by the organizer and acknowledge the statement of waiver and quitclaim.

This authorization is issued this _____ day of _____ in the year 2026.

_____ _____

Print name over signature and relationship **Print name over signature**

Parent **Student**

MEDICAL CERTIFICATE

This is to certify that the students listed herein have undergone physical examination, and found to be essentially normal during the time of examination, therefore they are physically fit to participate in the particular event entered as indicated in Official Registration form. This medical certification is not intended to be used for any other legal undertaking.

Examining Physician: _____

PRC Lic.: _____

Date examined _____

CERTIFICATE OF ENROLLMENT

I hereby certify that all the above information, as well as all other documents submitted on behalf of our student-representatives, are true and correct. That the names appearing in this list are bona fide students enrolled for the current school year 2026 – 2027 of this institution.

_____

Print name over signature

School Principal / Registrar