



PRISAA

PRIVATE SCHOOLS ATHLETIC ASSOCIATION

PARENT'S PERMIT AND WAIVER

To Whom It May Concern:

*This is to certify that I/we, the undersigned parent/s/guardian,
have given full consent to my/our son/daughter/ward,*

NAME OF ATHLETE

To join and represent the delegation of

Computer Communication Development Institute

Name of school

Sorsogon
Cluster

V
Region

in the

VOLLEYBALL
Sports/Event

During the different stages of competition:

Provincial/Cluster Meet	Date : <u>March 23-26, 2023</u>	Venue : SORSOGON CITY
Regional Meet	Date : <u>May 18-21, 2023</u>	Venue : NAGA CITY
National Games	Date : <u>July 13-22, 2023</u>	Venue : ZAMBOANGA CITY

This is to certify further that the school he/she represents (CCDI), provincial/cluster (SORSOGON CITY), regional and national organizers, as well as its officials or duly authorized representatives shall not be held liable for any untoward incident beyond control that may happen to my/our son/daughter/ward in connection with his/her participation to the activities relative to the aforementioned athletic competition. It is expected, however, that a built-in precaution to avoid unnecessary incident will be done to protect my son/daughter.

Given this _____ day of _____, _____ at _____.

Father

Signature over Printed Name

Mother

Signature over Printed Name

PASTE RECENT
2X 2 PICTURES
WITH SOLID
BACKGROUND

Guardian

Signature over Printed Name