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## TRY-OUT TRI-FORM

PARTICIPANTS PERSONAL INFORMATION			1x1 ID Picture
NAME OF ATHLETE:		AGE:	
DATE OF BIRTH:	WEIGHT:	HEIGHT:	
BLOOD TYPE:	ALLERGIES:	Medications (if any):	
ADDRESS:		CONTACT #:	
EVENT/S:			
EDUCATIONAL BACKGROUND			
	NAME OF SCHOOL	YEAR GRADUATED	
Elementary			
Secondary			
If Transferee, (Please Specify)			

## MEDICAL CERTIFICATE

This is to certify that \_\_\_\_\_ is Physically Fit to participate in the forthcoming \_\_\_\_\_ scheduled on \_\_\_\_\_ at \_\_\_\_\_. This certificate is issued for whatever legal purposes it may serve him/her best.

Given this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

Student I.D. No. : \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Signature of Physician

## WAIVER/CONSENT FORM OF APPLICANTS

### ATHLETE WAIVER AND RELEASE AGREEMENT

In consideration of the acceptance of my entry, myself, my heirs, executors, administrators and assigns, do hereby release and discharge the organizers of \_\_\_\_\_, assisting groups of private or government agencies, the Commission of Higher Education, and other concerned institutions, respective schools and officials, and other parties, individual or group, from all claims and damages, demands or actions whatsoever in any manner arising from or growing out of my participation in, or while traveling to and from the above-mentioned event. I further attest and verify that I have obtained the necessary clearance from my medical doctor and guaranteed Physically Fit to participate in the said event.

\_\_\_\_\_  
Signature over Printed Name  
Athlete/Date

\_\_\_\_\_  
Contact Number

This is to certify that I have full knowledge of and permission for my son/daughter/foster child to join and participate in the following event/s;

( ) TRY-OUT  
( ) Others, please specify: \_\_\_\_\_

On \_\_\_\_\_ at \_\_\_\_\_

I concur and agree on the rules, policies and regulations being implemented by the concerned organizers.

\_\_\_\_\_  
Signature over Printed Name  
of Parent/Guardian/Date

\_\_\_\_\_  
Contact Number

SUBSCRIBE AND SWORN TO BEFORE ME this \_\_\_\_\_ at \_\_\_\_\_, Davao de Oro.  
Affiant exhibited to me his/her

Doc. No. ;  
Page No. ;  
Book No. ;  
Series of