## ATHLETE’S PROFILE

| | |  | | **COLLEGE OF COMPUTER STUDIES** |  | | |
| --- | --- | --- | --- | --- |
| Event |  | College |  | Date |
| | | | |  | | | | |
| Last Surname | First Name |  | Middle Initial | Course & Year |
|  | | |  | | |  |
| Civil Status | Gender |  | Birth Date | Contact # |
|  |  |  | | | | |
| Present Address |  |  | Weight (kg) | Height (cm) |
| **IN CASE OF EMERGENCY, WHOM TO CONTACT**  | | | | | | | | |
| Last Surname First Name  |  | | | | Middle Initial | Relationship |

Present Address Contact #

### WAIVER OF LIABILITY

I, the undersigned, attest and verify that I am physically fit and have sufficiently trained for the competition and such physical condition has been verified by a licensed medical doctor. I hereby waive any and all action for damages that I or my heirs, successors, or assignees have against the University of Cebu, Intramurals Executive Committee and/or officials governing the sports for any/all harm, injury, or accident that may happen beyond their control in the conduct of Intramurals 2025.

|  |  |  |
| --- | --- | --- |

Athlete’s Name Signature Date

### DATA PRIVACY CONSENT

I, the undersigned, have read this form and understand its content and voluntarily give my consent for the collection, use, processing, storage and retention of my personal data or information to the Executive Committee for the purpose(s) described in this document. I also understand that my consent does not prevent the existence of other criteria for lawful processing of personal data and does not waive any of my rights under RA 10173 – Data Privacy Act of 2012 and other applicable laws.

|  |  |  |
| --- | --- | --- |

Athlete’s Name Signature Date

### PARENT’S/GUARDIAN’S CONSENT

I, the undersigned, permit my said son/daughter to join/participate in the BASKETBALL (Event) of Intramurals 2025. I attest and verify that he/she is physically fit and has sufficiently trained for the competition and such physical condition has been verified by a licensed medical doctor. I hereby waive any and all action for damages that I or my heirs, successors, or assignees have against the University of Cebu, Intramurals Executive Committee and/or officials governing the sports for any/all harm, injury, or accident that may happen beyond their control in the conduct of Intramurals 2025.

|  |  |  |
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Parent’s/Guardian’s Name Signature Date

**MEDICAL CLEARANCE *(Only for Specified Events)***

I, the undersigned, hereby certify that I have personally examined the abovementioned student and found him/her to be physically fit and sufficiently trained for the competition.

|  |  |  |
| --- | --- | --- |

University Physician’s Name Signature Date

### CERTIFICATION

We hereby certify under the penalty of perjury that the above entries are true and correct and that the above student has complied with the tournament guidelines set forth by the Intramurals Executive Committee of the University of Cebu and is therefore qualified to play in the tournament.

| | **Mr. Roche Plando** | | | | |
| --- | --- | --- |
| Coach’s Name | Signature | Date |
| | **Mr. ERIC ORTEGA** | | | | |

Dean/Chairperson’s Name Signature Date