



# DIVINE WORD COLLEGE OF LEGAZPI

OFFICE OF STUDENT ACTIVITIES, SENIOR HIGH SCHOOL DEPARTMENT

Washington Drive, Legazpi City

## Intramurals

### INDIVIDUAL OFFICIAL ENTRY

Event: \_\_\_\_\_ Team: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

2x2 picture

### ATHLETE'S WAIVER AND RELEASE AGREEMENT

In consideration with the acceptance of our entry to the DWCL SHS INTRAMURALS \_\_\_\_\_, we, do hereby release and discharge DWCL and tournament committees from all claims for damages, demands, or actions whatsoever in any manner arising from or growing out of participation on the said tournament. We further attest and certify that I am physically fit and that have fully acknowledged the risks involved in joining the tournament.

\_\_\_\_\_  
Athlete's Signature over Printed Name

\_\_\_\_\_  
Parent's Signature over Printed Name

### MEDICAL CERTIFICATE

Date: \_\_\_\_\_

To whom it may concern,

This is to certify that \_\_\_\_\_ of \_\_\_\_\_

(Name)

\_\_\_\_\_ had undergone physical examination

(Address)

with the following findings \_\_\_\_\_.

\_\_\_\_\_  
Physician's Signature over Printed Name

*Your Success... Our Word!*



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