



UNIVERSITY OF SANTO TOMAS

España, Manila

INSTITUTE OF INFORMATION AND COMPUTING SCIENCES

NAME OF ORGANIZATION

Dear Parents/Guardians:

Your son/daughter/ward has expressed his/her intentions of joining the _____

Retreat of 4th Year IS Students

(TITLE OF ACTIVITY/EVENT)

sponsored by the _____

INSTITUTE OF INFORMATION AND COMPUTING SCIENCES

(NAME OF SPONSORING CLASS/ORGANIZATION)

to be held on **Feb. 6 - 8, 2016 / Feb. 20 - 22, 2016**

at

Off-Campus (Caleruaga, Batangas)

(DATE AND TIME OF ACTIVITY)

(LOCATION: COMPLETE ADDRESS OF VENUE)

Should you allow your son/daughter/ward to join the aforementioned activity, kindly fill-out the attached "Statement of Parental Consent" and return the same to _____

Ms. Mylene Domingo

the

IS Department Chair

(NAME OF OFFICER)

(POSITION IN THE ORGANIZATION)

of the _____

INSTITUTE OF INFORMATION AND COMPUTING SCIENCES

(NAME OF ORGANIZATION)

on or before _____

February 5, 2016

(DEADLINE FOR SUBMISSION OF STUDENT UNDERTAKING AND STATEMENT OF PARENTAL CONSENT)

Sincerely yours,

MYLENE DOMINGO

(SIGNATURE OVER PRINTED NAME OF FACULTY ADVISER)

Noted:

ALEX S. SANTOS

(SIGNATURE OVER PRINTED NAME OF DEAN)



STUDENT UNDERTAKING AND STATEMENT OF PARENTAL CONSENT

This copy to be retained by the faculty (waiver form 2011 series for enjoined activity)

For Curricular and Co-Curricular
Activities (organizer's copy page 1 of 2)

Activity Title: Retreat of 4th Year IS Students	
Where: Off-Campus (Caleruaga, Batangas)	When: [Refer to ERESERVE for schedule details]
Nature of Activity: Religious Activity/Retreat/Recollection	

College/Organization (Organizer): INSTITUTE OF INFORMATION AND COMPUTING SCIENCES		
Person/Officer-in-Charge: Ms. Mylene Domingo Position: IS Department Chair		
Mobile No.:	Tel. No.: 7861611 loc. 8576	E-Mail: mjdomingo@ust-ics.mygbiz.com

STUDENT UNDERTAKING, WAIVER AND STATEMENT OF PARENTAL CONSENT

FIRST NAME	MIDDLE NAME	LAST NAME	STUDENT NO.
ADDRESS			
MOBILE NO.	LANDLINE NO.	E-MAIL	

Name of person to be contacted in case of emergency:

Contact Nos.:

I, whose name appears above, hereby express my intention to join the above stated activity, organized
by the **INSTITUTE OF INFORMATION AND COMPUTING SCIENCES**to be held on **[Refer to ERESERVE for schedule details]**

In connection with the above mentioned activity, I hereby warrant and represent that:

1. I understand that this is a "credited" activity, that should I decide not to participate I shall be given
_____ to compensate/make up for the activity.

I. PARTICIPATION GUIDELINES**II. MAP****III. FLOOR PLAN****IV. OTHER DETAILS****I. GUIDELINES ON REGISTRATION
and PAYMENT**

2. I take it as my responsibility to take the necessary precaution or care of avoiding or getting involved in any incident that would cause slight, serious or mortal injury upon my person or results in the loss or damage to my property and that of other person.
3. I also understand that I am not to engage in any behavior that could or may lead to any incident or could result to loss or damage to property, injury to myself or other person(s).
4. I understand that it is my responsibility to fully ascertain, if necessary with the help of a medical professional, my physical and mental fitness to join this activity.
5. I understand that I must be sufficiently healthy or free from any medical condition that maybe exacerbated or aggravated by my participation in such an activity. Should I be suffering from any medical condition that maybe aggravated or exacerbated by such an activity, I commit to immediately report such condition in writing to the assigned faculty adviser and excuse myself from such an activity. I have not been sick, injured, nor confined to a hospital or suffered any medical condition requiring medical attention since my last medical examination conducted on (mm) _____ (dd) _____ (yy) _____ and as evidence by the attached Medical Examination Report.
6. I have properly informed my parents or the person(s) exercising parental authority over my person concerning the nature of the activity which I am joining and likewise secured their advice on the measures which I am to undertake for my personal safety and security. Furthermore, I have secured their consent for me to join such an activity as evidenced by the signature appearing herein.
7. I am fully convinced that the University and the faculty adviser(s) and organizer(s) of this particular activity have exercised sufficient diligence and care in the preparation and implementation of this activity.

For Curricular and Co-Curricular
Activities (organizer's copy page 2 of 2)

Attention: For the **student, parent or person exercising parental authority over the student concerned**, affixing your signature herein shall mean that **you conform, agree** to the conditions stated above and consent to the participation of your son/daughter/ward in the said activity and, further hold the university free and harmless from any liability arising from the said activity.

SIGNATURE OF STUDENT	SIGNATURE OF PARENT/GUARDIAN
STUDENT'S NAME IN PRINT	PARENT/GUARDIAN'S NAME IN PRINT