

**SCUAA Form 3**

**SCUAA NATIONAL GAMES 2023**

Host: **Tarlac Agricultural University**

October 1-6, 2023

***Theme: “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_”.***

**ELIGIBILITY FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PARTICIPANTS PERSONAL INFORMATION** | | | | |
| NAME OF ATHLETE: | | | | AGE: |
| DATE OF BIRTH: | | WEIGHT: | | HEIGHT: |
| BLOOD TYPE: | ALLERGIES: | | Medications (if any): | |
| ADDRESS: | | | | CONTACT #: |
| EVENTS: | | | | CATEGORY: |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MEDICAL CERTIFICATE** | | | | | | | | | |  | **ATHLETES WAIVER AND RELEASE AGREEMENT** | | | | |
| This is to certify that: | | | | | | | | | |  | In consideration of the acceptance of my entry, myself, my heirs, executors, administrators and assigns, do hereby release and discharge the organizers of the **SCUAA NATIONAL GAMES 2023**, 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 sports competition. 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 sports competition. | | | | |
|  | | | | | | | | | |  |
| is ***Physically Fit*** to participate in the; | | | | | | | | | |  |
|  | **SCUAA NATIONAL GAMES 2023** | | | | on | |  | |  |
|  | **October 1-6, 2023** | | | | at | |  | |  |
| (venue)  **Tarlac Agricultural University, Camiling, Tarlac** | | | | | | | | |  |
| Blood Pressure: | |  | | | | | | |
| **Name and Signature of Physician** | | | | | | |  |  | | |  | |
| Date of Examination: | |  | |  | | | | |  | **Name and Signature of Athlete** | | | **Contact Number** | |
| License Number | | Validity Date | | | | |  |  | | | | |
|  |  | | | | |
| **PARENT/GUARDIAN PERMIT/CONSENT** | | | | | | | | | | | | | | |
| 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 competitions; | | | | | | | | | | | | | | |
|  | | **SCUAA NATIONAL GAMES 2023** | | on | | | **October 1-6, 2023** | | | | | at | Tarlac Agricultural University, Camiling, Tarlac | |
| I concur and agree on the rules, policies and regulations being implemented by the concerned organizers. | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | |
| **Name and Signature of Parent/Guardian** | | | | | | | | | **Contact Number** | | | | | |

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Subscribed and sworn to me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2023 at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary