

PARENTAL CONSENT & WAIVER

I, _____, Filipino, of legal age and with residence address at _____, hereby declare and affirm that:

1. I am the parent/guardian of _____ (hereinafter "Child/Ward"), who is under my care and responsibility.
2. I hereby give my consent and authority to my Child/Ward to participate in the _____ (the "Activity/Clinic") organized by _____ (the "Organizer") to be held on _____.
3. I hereby declare and confirm that my Child/Ward is physically fit to participate and take part in the Activity and that he/she has no known illness, physical defect, or adverse medical condition that would render him/her unfit to participate therein. Should I subsequently discover any illness, physical defect, or adverse medical condition that would render my Child/Ward unfit to participate in the Activity, I shall accordingly prevent my Child/Ward from participating in said Activity, and I shall immediately advise the organizer in writing.
4. I hereby authorize the Organizer and/or the Activity sponsor to use my Child's/Ward's name, photographs, and interviews in connection with the Activity, in broadcast and print media, videotapes, etc. without any consideration, monetary or otherwise.
5. I understand that personal information shall be collected from me by the Organizer and processed for the purposes of organizing and running the Activity and engaging with me as a consumer of the Activity sponsor's products or services. I understand that such information may be shared by the Organizer with the Activity sponsor and other third parties who will administer services that are relevant to the foregoing purposes.
6. I acknowledge that the Activity is conducted and managed solely by the Organizer. I understand that NPI is the sponsor of the Activity but is not involved in the formulation and implementation of the rules governing the Activity.
7. My Child/Ward and I shall abide by the decision of the Organizer on any issue relative to his/her participation in the Activity, including but not limited to, official calls, judgments and the interpretation of rules governing the Activity, and shall accept as final any decision of the Organizer regarding any dispute over such rules or regarding the manner of holding the Activity.
8. On behalf of my Child/Ward, I shall hold the Activity sponsor, NPI, and the Organizer free and harmless from any and all claims arising from any incident, accident, damage, injury, or harm that I or my Child/Ward may suffer as a result of my Child's/Ward's participation in the Activity.
9. I am fully aware that NPI, as the sponsor of the Activity, will conduct MILO product samplings during the Activity. Accordingly, I hereby fully authorize my Child/Ward and allow him/her to participate in the said MILO sampling activity and to avail of the MILO sampling products in the course of the Activity.
10. I hereby confirm my presence or that of my representative, Mr./Mrs. _____ during the Activity.

I hereby declare that I have executed this document willingly, freely and voluntarily.

Signed this _____ day of _____ 2018 at _____.

Printed Name & Signature of Parent/Guardian

Printed Name & Signature of Child/Ward

SIGNED IN THE PRESENCE OF:



RESPECT



GET YOUR CHILD INTO SPORTS ENROLL NOW!

For inquiries, visit www.milo.com.ph or call (02) 263 7696

Per DOH-FDA CFRR Permit No. 0093 s.2018



CONTACT DETAILS OF ORGANIZERS



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ASUNCION BADMINTON CENTER
☎ (02) 725 2568



BASKETBALL / VOLLEYBALL
BEST CENTER SPORTS, INC.
☎ (02) 372 3065 / (02) 372 3066 / (02) 4116260



BOWLING
SM LIFESTYLE ENTERTAINMENT, INC.
SM MEGAMALL SM NORTH EDSA SM MALL OF ASIA
☎ (02) 631 6494 / (02) 631 6717 ☎ (02) 441 1845 ☎ (02) 556 1533 to 34



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CROSSFIT BAY MARINERS
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☎ (0915) 743 1475



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PHILIPPINE FUTSAL ACADEMY
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CLUB GYMNASTICA PASIG
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ASSOCIATION FOR THE ADVANCEMENT OF KARATEDO
☎ (02) 635 6608 / (02) 635 6611



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NINJA ACADEMY
☎ (0917) 146 4652 / (0917) 127 6527



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☎ (02) 723 5552 / (02) 401 5437 / (0917) 715 1229 / (02) 907 3899



TABLE TENNIS
ALTRUISTS TABLE TENNIS ASSOCIATION OF BACOLOD, INCORPORATED
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TOUCH RUGBY
PHILIPPINE RUGBY FOOTBALL UNION
☎ (02) 706 4668



REGISTRATION FORM

PLEASE PRINT LEGIBLY IN BLOCK LETTERS

NICK NAME

FIRST NAME

LAST NAME

BIRTHDATE
MM/DD/YYYY

AGE

ADDRESS

MOBILE NO.

TEL. NO.

EMAIL ADDRESS

SCHOOL

GRADE

SECTION

FATHER'S NAME

MOBILE NO.

EMAIL ADDRESS

MOTHER'S NAME

MOBILE NO.

EMAIL ADDRESS

