



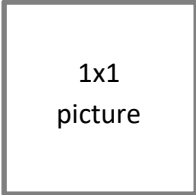
Republic of the Philippines  
 DEPARTMENT OF EDUCATION  
 National Capital Region  
 DIVISION OF CITY SCHOOLS  
 Pasay City  
 North District, Cluster I



# EPIFANIO DELOS SANTOS ELEMENTARY SCHOOL

School ID: 136587

## AFTERSCHOOL ACTIVITIES MEMBERSHIP FORM



NAME OF THE PARTICIPANT: \_\_\_\_\_  
 GRADE AND SECTION: \_\_\_\_\_ LRN: \_\_\_\_\_  
 AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 PARENT / GUARDIAN: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CONTACT NUMBER/S: \_\_\_\_\_

REASONS FOR JOINING: (To be filled by the pupil)

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

PARENT / GUARDIAN CONSENT: (To be filled by the parents/guardians)

I, (name of parent or guardian) \_\_\_\_\_, grant my permission for my child (name of child), \_\_\_\_\_ to participate in \_\_\_\_\_ of the school. I understand that the school rules and regulations will be in effect. I have also ensured that my son/ daughter understand that it is important for his/her safety. In consideration of agreeing to take my son/ daughter on the activity/event, I hereby agree not to hold the school or any individual employed in the school for any expense, loss, personal injury or accident that is not a result of any negligent act.

Type of event or activity: \_\_\_\_\_  
 Destination of event or activity: \_\_\_\_\_  
 Date (Day/s and Time): \_\_\_\_\_

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all the responsibility for the health of my child. (Please attach the PSA birth photocopy; and the medical certificates, if any.)

\_\_\_\_\_  
 Signature of the Parent / Guardian over printed name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of the Pupil over printed name

\_\_\_\_\_  
 Date

