



PSC-PACQUIAO AMATEUR BOXING CUP

I _____, hereby agree to hold the PSC - PACQUIAO AMATEUR BOXING CUP Organizers, their officials, directors or any other person acting on their behalf, free from any liability, claims or demands in connection with my participation in the PSC - PACQUIAO AMATEUR BOXING CUP (hereinafter called "The Tournament")

Furthermore, I agree that should I not have adequate insurance coverage to cover any cost or expenses that result from my personal injury suffered by me in connection with any activities associated with The Tournament, I will either acquire such coverage or be personally liable for any expenses incurred there from.

In emergency cases, I hereby grant permission for PSC - PACQUIAO AMATEUR BOXING CUP Organizers, their officials, directors or any other person acting on their behalf to seek any medical treatment they deem necessary for me.

Athlete's Signature over Printed Name

Coach or Delegation Official Signature

Date

Contact Information (Very Important):

FATHER NAME: _____
PHONE: _____
OFFICE: _____
MOBILE NUMBER: _____

MOTHER NAME: _____
PHONE: _____
OFFICE: _____
MOBILE NUMBER: _____

ADDRESS: _____

ALTERNATE CONTACT

NAME: _____
PHONE NUMBER: _____
MOBILE NUMBER: _____

MEDICAL DATA

BLOOD TYPE: _____

ALLERGIES: _____