



Republic of the Philippines
CENTRAL LUZON STATE UNIVERSITY

Science City of Muñoz, Nueva Ecija

OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS

LOCAL OFF-CAMPUS ACTIVITIES

LIST OF STUDENTS

TO WHOM IT MAY CONCERN:

This is to certify that we, the undersigned students in _____

 (Course Number/Class Section)
 are voluntarily joining the activity _____
 (Name of Activity)
 to _____ on _____
 (Place) (Date/s)

We certify that we have been properly oriented on _____, _____, _____, and _____.
 (indicate the things discussed)

We agree to abide by the rules and regulations that will be imposed for our welfare and safety. We will not hold CLSU liable for any untoward incident that may happen during and immediately after the conduct of the activity, as long as due diligence on the part of the personnel-in-charge and other authorities were done.

Name of Student	Contact number	Person to be contacted in case of emergency	Contact number	Documents Submitted (please check)		Signature
				MC	PGC	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

(Use additional sheets, if necessary. Please prepare a list of student per vehicle.)

PLATE NUMBER: _____ **VEHICLE TYPE (e.g. bus, van):** _____
MAX. SEATING CAPACITY: _____ **NUMBER OF STUDENTS ASSIGNED:** _____

Certified Correct:

 Personnel-in-Charge

Note: MC – Medical Certificate
 PGC – Parent’s/Guardian’s Consent