**United States Academic Pentathlon 2017**

# **STUDENT REGISTRATION AND PARENT PERMISSION FORM**

I,

 (Student’s Name)

now a student at in

(School Name) (School Phone) (Grade)

living at

 Home Address City State Zip

Parent Name Parent Email Contact Home Phone Parent Cell #

hereby request permission to participate in the U.S. Academic Pentathlon National Finals to be conducted in Minneapolis, MN from May 19, 2017, through May 20, 2017. My parent(s) or guardian, my coach and I, whose signatures appear below, hereby agree to follow the competition rules and to accept the interpretations and decisions made by the competition director. **This permission form also covers the online competition release.**

I have read and agree to adhere to the U.S. Academic Pentathlon Code of Conduct \_\_\_\_\_\_(Student Initial here). I have read and agree to adhere to the U.S. Academic Pentathlon Dress Code \_\_\_\_\_\_\_(Student Initial here). I agree to adhere to the highest standards of honesty and integrity while participating in Academic Pentathlon competitions. If for any reason test results are deemed invalid, I further agree to participate in a retest, as deemed necessary or appropriate by the USAD, that will validate the test results. \_\_\_\_\_\_\_(Student Initial here). U.S. Academic Pentathlon Code of Conduct and Dress Code may be found in the National Finals Packet Item #15,

My parent(s) or guardian and I hereby release from all liability and responsibility the USAD and its Board of Directors, Officers, Agents, Representatives, Staff, Attorneys, and Volunteers and hold each of them harmless from any damage or injury which may be incurred or caused by me before, during or following any such competition, including travel. We further consent to the release of information about or relative to my participation in competition activities, including scores, photographs, sound and video recordings, webcasting, live-streaming and other forms of sound and video transmission and any other data. The USAD shall have full rights to reproduction and use of all such materials. As part of the 2017 National Finals, USAD has permission to gather survey information from me regarding my participation in the U.S. Academic Pentathlon (survey, alumni participation, etc.).

We understand that the team coach is the official chaperone and that (s)he has full responsibility to make medical or other necessary decisions, and that I and my parent(s) will be held responsible for any damages resulting from my behavior. I also authorize that my transcript and any other pertinent materials may be sent to USAD for verification of my eligibility to participate in the U.S. Academic Pentathlon competition.

Student’s Signature Date

Parent’s/Guardian’s Signature Date

Coach’s Signature Date

School Administrator’s Signature and Title Date

**This form must be received by May 1, 2017**

**pentathlon@usad.org**