

# UNITED STATES ACADEMIC DECATHLON® - 2017

## STUDENT REGISTRATION AND PARENT PERMISSION FORM

I, \_\_\_\_\_  
(Student Name) (Student Email)

now a student at \_\_\_\_\_ in \_\_\_\_\_  
(School Name) (School Phone) (Grade)

living at \_\_\_\_\_  
Home Address City State Zip

Parent Name Email Contact Home Phone Parent Cell #

hereby request permission to participate in the United States Academic Decathlon® (USAD) Nationals to be conducted in Madison, WI, from April 20, 2017, through April 22, 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.

**I have read and agree to adhere to the USAD Code of Conduct \_\_\_\_\_ (Student Initial here). I have read and agree to adhere to the USAD Dress Code \_\_\_\_\_ (Student Initial here). I agree to adhere to the highest standards of honesty and integrity while participating in Academic Decathlon® 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). [USAD Code of Conduct and Dress Code is on the USAD website - 2017 Nationals page.](#)**

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 Online Nationals, USAD has permission to gather survey information from me regarding my participation in the United States Academic Decathlon® (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 the USAD for verification of my eligibility to participate in the Decathlon competition.

_____ Student Signature	_____ Date
_____ Parent/Guardian Signature	_____ Date
_____ Coach Signature	_____ Date
_____ School Administrator Signature and Title	_____ Date

**This form MUST be received March 27, 2017**

**Mail to:  
USAD Nationals Competition  
PO Box 4351  
Mankato, MN 56002**