

UNITED STATES ACADEMIC DECATHLON® - 2017
STUDENT REGISTRATION AND PARENT PERMISSION
FORM
MEDIUM SCHOOL ONLINE NATIONAL COMPETITION

I, _____
(Student's Name)
now a student at _____ in _____
(School Name) (Grade)
living at _____
Home Address City State Zip

School Phone Email Contact Home Phone Email

hereby request permission to participate in the United States Academic Decathlon® (USAD) **Medium School** Online National Competition to be conducted on April 6 and April 21, 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 manager.

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 Guidelines _____(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).

My parent(s) or guardian and I hereby release from all liability and responsibility the USAD and their Board of Directors 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 and any other data. The USAD shall have full rights to reproduction and use of all such materials. Following Nationals 2017, USAD has permission to contact me regarding my participation in 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.

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|---|---------------|
| _____ Student's Signature | _____ Date |
| _____ Parent's/Guardian's Signature | _____ Date |
| _____ Coach's Signature | _____ Date |
| _____ School Administrator's Signature and Title | _____ Date |

Form must be received by March 27, 2017

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