United States Academic Decathlon®
2025 USAD Nationals
Student Registration and Parent Permission Form

I,_____

(Student Name)   (Student Email)

now a student at _____in _____

                              (School Name)   (Grade)

living at _____

      (Home Address)   (City)   (State)   (Zip)

_____

(Parent/Guardian Name)   (Email Contact)   (Parent/Guardian Cell #)

hereby request permission to participate in the 2025 United States Academic Decathlon Nationals to be conducted in Des Moines, Iowa from May 1-3, 2025. My parent(s)/guardian(s), 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 2025 USAD Nationals 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)/guardian(s) and I hereby release from all liability and responsibility USAD and its board of directors, officers, agents, representatives, staff, attorneys, and volunteers and hold each of them harmless from any damage or injury that 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 related 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. USAD shall have full rights to reproduction and use of all such materials. Following the 2025 USAD Nationals, USAD has permission to contact 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 they have full responsibility to make medical or other necessary decisions and that I and my parent(s)/guardian(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 Academic Decathlon competition.

_____   _____
Student Signature   Date

_____   _____
Parent/Guardian Signature   Date

_____   _____
Coach Signature   Date

_____   _____
School Administrator Title and Signature   Date

Complete this form by March 19, 2025 and submit to the designated team Google folder.