

**U.S. Academic Pentathlon®**  
**Nationals – May 15-17, 2025**  
**Student Registration and Parent Permission Form - Online**

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 online on May 16, 2025. 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 USAP, 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 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. My parent(s) or guardian grants permission for me to attend the team event. USAD shall have full rights to reproduction and use of all such materials. As part of the 2023 National Finals, USAP 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 USAP 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

**Complete this form by April 28, 2025 and submit to their designated team Google folder.**