

MINNESOTA ACADEMIC DECATHLON
STUDENT REGISTRATION AND PARENT PERMISSION FORM

I, _____, now a student at:

(Name of School)

(School Address)

(City, State, Zip Code)

(School Telephone Number Including Area Code)

(Grade Level)

hereby request participation in the Minnesota Academic Decathlon events. My parent or guardian, coach, and I, all of whose signatures appear below, hereby agree to follow the competition rules and to accept the interpretations and decisions made by the competition manager. My parent/guardian and I do hereby release from all responsibility or liability the Minnesota Academic Decathlon and the United States Academic Decathlon Association and Board of Directors, and hold them harmless from any damage or injury which may be incurred before, during, or following said competitions, including travel.

We further consent to the release of information about or relative to my participation in competitions, including scores, photographs, sound and video recordings, and any other data. The Minnesota Academic Decathlon shall have full rights to reproduction and use of all such materials. Furthermore, we have read and understand the regulations and responsibilities specified in the Minnesota Academic Decathlon Code of Conduct, including behavior, dress, and attendance requirements, and we agree that we shall fully comply with these. I will use the proper protocol of communications and grievance procedures. Grievances are to be brought to the competition coordinator(s) in writing. The Competition Coordinator(s) will then forward the written concern to the State Director if necessary. The State Director's decision is final. We understand that the team advisor is the official chaperone and that she has full responsibility to make medical and other necessary decisions, and that my parents and I will be held responsible for any expense resulting from my behavior.

SIGNATURE OF STUDENT: _____ DATE: _____

SIGNATURE OF PARENT: _____ DATE: _____

SIGNATURE OF ADVISOR: _____ DATE: _____

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I hereby authorize my transcript and any other pertinent materials to be sent to the Minnesota Academic Decathlon and the United States Academic Decathlon for verification of eligibility for state and national finals competition.

_____ Date: _____
Student's Signature

_____ Date: _____
Parent's Signature

_____ (Residential Address)

_____ (City State Zip Code)

_____ (Home Telephone Number Including Area Code)

RETURN TO: SOUTH CENTRAL SERVICE COOPERATIVE, 2075 LOOKOUT DR., NORTH MANKATO, MN 56003