

UNITED STATES ACADEMIC PENTATHLON – 2015-2016

STUDENT REGISTRATION AND PARENT PERMISSION FORM

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 USAD Academic Pentathlon National Finals to be conducted at Boise, Idaho, from May 20, 2016, through May 21, 2016. 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 USAD 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 USAD, that will validate the test results. _____ (Student Initial here). [USAD Code of Conduct and Dress Code may be found in the National Finals Packet Item #16,](#)

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 2016 National Finals, USAD has permission to gather survey information from me regarding my participation in the USAD 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 the USAD for verification of my eligibility to participate in the Pentathlon competition.

Student's Signature

Date

Parent's/Guardian's Signature

Date

Coach's Signature

Date

School Administrator's Signature and Title

Date

This form must be received by May 6, 2016
pentathlon@usad.org