

Arizona Academic Decathlon Association Student Registration

PLEASE PRINT OR TYPE

I, _____
First Name (Preferred First Name) Last Name

now a student at _____
High School Name

in grade _____ mailing address _____
Street Apt.#

City Zip Telephone number

hereby request the right to participate in the Region I Arizona Academic Decathlon competition to be held at Show Low High School in Show Low, Arizona on February 2-3, 2024. In addition, if my school becomes eligible to participate in the Arizona Academic Decathlon State Competition on March 8-9, 2024, I also request the right to participate in that competition. My parent/guardian and I, whose signatures are shown below, hereby agree to follow the competition rules and will accept the interpretations and decisions made by the Coordinator. By signing this registration, this student and parent/guardian expressly grant authority to, and indicate consent to, the release of educational information about, or relative to, the participation of this student in competition activities. Such information shall include, but not be limited to, the release of photographs, test results, the reproduction of sound, motion picture, or video tape recordings, etc. Consent is likewise given to the use of such information by an institute of higher learning. The Arizona Academic Decathlon Association shall have the right to reproduce, use, display, and disseminate in such manner as they see fit, without obligation of any kind to any person, the test efforts resulting from competition activities.

Student Signature: _____ Date: _____

Send me updates and information about the Arizona Academic Decathlon alumni network.

Student Personal Email: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian Date

Add me to the Arizona Academic Decathlon Association mailing list.

Parent/Guardian Email: _____

I hereby indicate that the above-named student meets the requirements of USAD/AADA and is currently enrolled in this school:

Printed Name of Counselor/Administrator Title

Counselor/Administrator Signature Date

To be filled out by AADA only		
Honors _____ (GPA)	Scholastic _____ (GPA)	Varsity _____ (GPA)