Arizona Academic Decathlon Association Student Registration

PLEASE PRINT OR TYPE

I, _____
First Middle Last

now a student at (school name) _____

in grade _____ mailing address _____
Number Street Apt.#

_____
City Zip Telephone Number

hereby request the right to participate in the Region II Arizona Academic Decathlon competition to be held at Cesar Chavez High School, Laveen, Arizona on February 3-4, 2023. In addition, if my school becomes eligible to participate in the Arizona Academic Decathlon competition on March 10-11, 2023, I also request the right to participate in the statewide competition. My parent or guardian, whose signature is shown below, and I hereby agree to follow the Competition Day rules and will accept the interpretations and decisions made by the Competition Day Chairperson. By signing this request 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 Day 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, recognized educational study group or educator for the study comparison and the furtherance of knowledge in the fields of education and human behavior. The 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 Day activities.

Student Signature: _____

Printed Name of Parent or Guardian: _____

_____ _____
Signature of Parent or Guardian Date

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As the Counselor or Administrator at _____ High School,
I hereby indicate that the above-named student meets the Decathlon requirement and is currently enrolled in this school:

_____ _____
Counselor/Administrator Signature Title

_____
Printed or Typed Name of Above

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

ARIZONA ACADEMIC DECATHLON ASSOCIATION
(A non-profit Arizona Tax Exempt Educational Corporation)