

## 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 IV Arizona Academic Decathlon competition to be held at **TBD** High School, Arizona on February 4-5, 2022. In addition, if my school becomes eligible to participate in the Arizona Academic Decathlon competition on March 11-12, 2022, 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

<b>To be filled out by AADA only</b>		
Honors _____ (GPA)	Scholastic _____ (GPA)	Varsity _____ (GPA)