



2019 ACADEMIC DECATHLON PARTICIPATION CHECK-OFF LIST



SCHOOL: _____ COACH: _____

EMAIL: _____ PHONE: _____

The following items are to be completed and returned for ALL students including ALTERNATES by:

FRIDAY, DECEMBER 7, 2018

| | |
|--|--------------------------|
| Team Names/Phonetic Pronunciations | <input type="checkbox"/> |
| Student Transcripts | <input type="checkbox"/> |
| Student Participation Request Form | <input type="checkbox"/> |
| Authorization for Medical Treatment Form | <input type="checkbox"/> |
| Essay Proctor Release form | <input type="checkbox"/> |
| Four Volunteer Form(s) | <input type="checkbox"/> |
| Alternate Forms Completed (If Applicable) | <input type="checkbox"/> |
| Most Improved Student (Due January 18 th) | <input type="checkbox"/> |

Return all forms to:

Stacie Arancibia

Merced County Office of Education

632 West 13th Street, Building J-1 - Merced CA 95341

☎ Phone: 381-5910 • ✉ E-mail: sarancibia@mcoe.org



MERCED COUNTY ACADEMIC DECATHLON
Saturday, February 2, 2019



STUDENT/TEAM INFORMATION

SCHOOL _____ COACH _____

HONOR (3.75 - 4.00 GPA)

| GPA | Name | Phonetic Pronunciation |
|-------|----------|------------------------|
| _____ | 1. _____ | _____ |
| _____ | 2. _____ | _____ |
| _____ | 3. _____ | _____ |

SCHOLASTIC (3.00 - 3.74 GPA)

| GPA | Name | Phonetic Pronunciation |
|-------|----------|------------------------|
| _____ | 1. _____ | _____ |
| _____ | 2. _____ | _____ |
| _____ | 3. _____ | _____ |

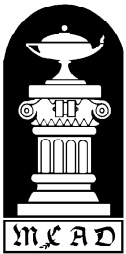
VARSITY (0.00 - 2.99 GPA)

| GPA | Name | Phonetic Pronunciation |
|-------|----------|------------------------|
| _____ | 1. _____ | _____ |
| _____ | 2. _____ | _____ |
| _____ | 3. _____ | _____ |

ALTERNATES (\$20 per alternate, Max 5 per team)

| GPA | Name | Phonetic Pronunciation |
|-------|----------|------------------------|
| _____ | 1. _____ | _____ |
| _____ | 2. _____ | _____ |
| _____ | 3. _____ | _____ |
| _____ | 4. _____ | _____ |
| _____ | 5. _____ | _____ |

RETURN BY FRIDAY, DECEMBER 14, 2018 TO:
Stacie Arancibia • sarancibia@mcoe.org
Merced County Office of Education/MCAD
632 West 13th Street, Building J-1 • Merced, CA 95341
Questions: 381-5910



Student Participation Form 2019 Merced County Academic Decathlon



I, (printed or typed name of student) :

| | | |
|--|--|--|
| | | |
|--|--|--|

First Name MI Last

Attending school at: Grade:

| | |
|--|--|
| | |
|--|--|

Living at:

| | | |
|--|--|--|
| | | |
|--|--|--|

Street CSZ Phone

hereby request participation in the Academic Decathlon Scrimmage on Saturday, December 1, 2018 held in Atwater, CA and Competition and Awards Ceremony to be held in Merced, Saturday, February 2, 2019. My parent/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 Manager. 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 of recordings, etc. Consent is likewise given to the use of such information by any institute of higher learning, recognized educational study group or educator for the purposes of study, comparison, and the furtherance of knowledge in the fields of education or 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

Date: _____

Parent/Guardian Signature

Date: _____



As the Counselor or Administrator at _____ School, I hereby indicate that the above-named student meets **the Decathlon requirements and GPA** for the following category:

Honor GPA
(3.75 – 4.00)

Scholastic GPA
(3.00 – 3.74)

Varsity GPA
(0.00 – 2.99)

Indicate Official GPA Score & Category: _____ (Attach Transcript and GPA calculation worksheet)

Signature: _____

Counselor's Name (print or type) _____ Email: _____

This Student is an Alternate in the GPA/category as indicated above.
(Check this box if Applicable.)



**MERCED COUNTY ACADEMIC DECATHLON
AUTHORIZATION FOR MEDICAL TREATMENT**



**Scrimmage: Saturday, December 1, 2018
Competition & Awards Ceremony
Saturday, February 2, 2019**

This is to authorize any necessary medical, surgical and/or hospital care for my child, _____, while he/she is attending and/or in route to and from the Merced County Academic Decathlon Scrimmage on Saturday, December 1, 2018 in Atwater, California and Competition & Awards Ceremony in Merced, California on Saturday, February 2, 2019.

_____ Date



_____ Signature of Parent or Guardian
(ink please)

If your child needs to enter a hospital, the following information would be needed:

1. Emergency Contact Number: _____ Name: _____

2. Student/Family Medical Insurance Carrier: _____

3. Parent's name, address and telephone number:
Name: _____ Phone: _____

Address: _____
City State Zip

4. Relative or neighbor's name, address and telephone number:
Name: _____ Phone: _____

Relationship: _____

Address: _____
City State Zip

If you cannot agree to the above authorization, please state alternative medical provisions and sign below:

_____ Date

_____ Signature of Parent or Guardian
(ink please)

This Student is an Alternate
(Please check if Applicable.)



Merced County Academic Decathlon Most Improved Student



Due by Friday, January 18, 2019

Coach: _____

School Name: _____

*Name of
Most Improved Student:*



A certificate will be presented to the “Most Improved Student” from each team at the Awards Ceremony on Saturday, February 2, 2019. It is important to have this information in by Friday, January 18, 2019 so that certificates can be processed.

RETURN BY FRIDAY, JANUARY 18, 2019

TO: Stacie Arancibia

**Merced County Office of Education / MCAD
632 West 13th Street, Merced, CA 95341**

• Questions: 381-5910