2023 Merced County Academic Pentathlon

I, ____________________________________________________________,
Student Name (Neatly PRINTED OR TYPED)
a student at ____________________________________________________________,
School District

in grade ___________ and living at _________________________________
Number Street

City Zip Code Telephone

hereby request participation in the 2023 MERCED COUNTY ACADEMIC PENTATHLON. My
parent or 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 Pentathlon Coordinator. My
parent and I do hereby release from all responsibility or liability any and all representatives of
Merced County Office of Education, Merced Theatre Community of Merced and Pentathlon
Volunteers, and hold them totally harmless for any incident, injury, or emergency medical care which
may be incurred before, during, or following such competition. We further consent to the release of
information about, or relative to, the participation of this student in competition activities, including
scores, photographs, sound and video recordings and any other data.

☐ Check if applicable. I have a disability or special condition that requires a modification of the
testing procedures. Contact __________________________ at ______________________ to discuss the
specifics. (Please attach copy of applicable portion of IEP for accommodation requests by
March 10, 2023)

STUDENT SIGNATURE ______________________________ DATE __________

PARENT OR GUARDIAN SIGNATURE ______________________________ DATE __________

(SECTION BELOW FOR SCHOOL ADMINISTRATOR ONLY)

As the Administrator at ___________________________ School, I hereby attest that the above
student's GPA is ___________ and meets the Pentathlon requirement for the marked category
as: Write in GPA above (*Includes Alternate)
☐ Honor (3.75-4.00 GPA) ☐ Scholastic (3.00-3.74 GPA) ☐ Varsity (0.00-2.99 GPA) *☐ Alternate

Grades Verification: Fill in letter grade for the subjects below.

English/Language Arts _____ History/Social Studies _____
Science _____ Math _____

Superintendent/Administrator Signature __________________________ Title __________________________

Printed Name of Administrator __________________________ Date __________________________
AUTHORIZATION FOR MEDICAL TREATMENT
MERCED COUNTY ACADEMIC PENTATHLON
Competition
Saturday April 29, 2023

This is to authorize any necessary medical, and/or hospital care for my child, __________________________, while he/she is attending and/or in route to and from Academic Pentathlon in Merced, California on Saturday, April 29, 2023.

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: ____________________________________________

2. Child/Family Medical Insurance carrier ______________________________________

3. Parent/Guardian 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.)

*This Form Must Be Signed in Order to Compete in the Academic Pentathlon Competition