

2007 STATE FINALS

PAGE -- Georgia Academic Decathlon

STUDENT REGISTRATION and PARENT PERMISSION FORM

I, \_\_\_\_\_, now a student at
Student
\_\_\_\_\_ In \_\_\_\_\_ living at
School Grade
Home address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip
Phone (school) \_\_\_\_\_ Phone (home) \_\_\_\_\_

Hereby request participation in the Georgia Academic Decathlon (GAD) State Finals to be conducted at Berkmar High School, Lilburn, Georgia, on February 23-24, 2007. My parent(s), or guardian, my coach and I, whose signature appear below, agree to follow the competition rules and accept the interpretations and decisions made by the competition manager.

I have read and agree to adhere to the USAD/Georgia Code of Conduct (on the reverse side of this form). I agree to adhere to the highest standards of honesty and integrity while participating in the GAD competition events. I further agree to participate in any test validating the test results deemed necessary or appropriate by the GAD.

My parent(s) or guardian and I hereby release from the GAD and their Board of Directors of all liability and responsibility and hold each of them harmless from any damage or injury which may occur or to be caused by me before, during or following any such competition, including travel. We further consent to the release of information about, or relative to, my participation in competition activities, including scores, photographs, sound and video recordings, and any other data. The GAD shall have full rights to reproduction and use of all such materials.

We understand that the team coach is the official chaperon and that he/she has full responsibility to make medical or other necessary decisions, and that I and my parent(s) will be held responsible for any damage resulting from my behavior. I also authorize that my transcript and any other pertinent materials may be sent to the GAD for verification of my eligibility to participate in the Decathlon competition.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_
Parent(s) - Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_
Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_
School Administrator's Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

RETURN by, February 2, 2007

To: PAGE - P.O. Box 942270 - Atlanta, GA 31141-2270