



ALL INFORMATION MUST BE NEATLY PRINTED OR TYPED. APPLICATIONS THAT ARE NOT CLEARLY LEDGIBLE ARE SUBJECT TO RETURN

2024 Merced County Academic Pentathlon

I, _____
 Student Name (Neatly PRINTED OR TYPED)
 a student at _____
 in grade _____ and living at _____

| | | |
|------|----------|-----------|
| | School | District |
| | Number | Street |
| City | Zip Code | Telephone |

hereby request participation in the **2024 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, 2024**)

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 27, 2024**

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 27, 2024.

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**