2024 Merced County Academic Pentathlon

I, ____________________________________________
Student Name (Neatly PRINTED OR TYPED)
a student at ____________________________\nSchool ____________________________\nDistrict ____________________________
in grade ___________ and living at ____________________________
Number ____________________________\nCity ____________________________\nZip Code ____________________________\nTelephone ____________________________

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 _____ Science _____
History/Social Studies _____ Math _____

Superintendent/Administrator Signature ____________________________ Title ____________________________

Printed Name of Administrator ____________________________ Date ____________________________
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: ________________________________ Phone: ________________________________
   
   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