



2024 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, November 17, 2023

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"/>
Four Volunteer Form(s)	<input type="checkbox"/>
Alternate Forms Completed (If Applicable)	<input type="checkbox"/>
Most Improved Student (Due January 13th)	<input type="checkbox"/>

Return all forms to:

Stacie Arancibia

Merced County Office of Education

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



MERCED COUNTY ACADEMIC DECATHLON
Saturday, February 4, 2024



STUDENT/TEAM INFORMATION

SCHOOL _____ COACH _____

HONOR (3.80 - 4.00 GPA)

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

SCHOLASTIC (3.20 - 3.799 GPA)

GPA	Name	Phonetic Pronunciation
_____	4. _____	_____
_____	5. _____	_____
_____	6. _____	_____

VARSITY (0.00 - 3.199 GPA)

GPA	Name	Phonetic Pronunciation
_____	7. _____	_____
_____	8. _____	_____
_____	9. _____	_____

RETURN BY FRIDAY, November 17, 2023, TO:
Stacie Arancibia • sarancibia@mcoe.org
Merced County Office of Education/MCAD
Questions: 381-5910



MERCED COUNTY ACADEMIC DECATHLON



COMPETING ALTERNATES

SCHOOL _____

HONOR (3.80 - 4.00 GPA) ALTERNATES

GPA	Name	Phonetic Pronunciation
_____	1. _____	_____
_____	2. _____	_____
_____	3. _____	_____
_____	11. _____	_____
_____	12. _____	_____

SCHOLASTIC (3.20 - 3.799 GPA) ALTERNATES

GPA	Name	Phonetic Pronunciation
_____	4. _____	_____
_____	5. _____	_____
_____	6. _____	_____
_____	13. _____	_____
_____	14. _____	_____

VARSITY (0.00 - 3.199 GPA) ALTERNATES

GPA	Name	Phonetic Pronunciation
_____	7. _____	_____
_____	8. _____	_____
_____	9. _____	_____
_____	15. _____	_____
_____	16. _____	_____

RETURN BY FRIDAY, November 17, 2023 TO:
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Student Participation Form

2024 Merced County Academic Decathlon



I, (printed or typed name of student) :

First Name	MI	Last
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Attending school at:	Grade:
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Students Personal e-mail:	Phone
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Hereby requests participation in the Academic Decathlon Events Awards Ceremony. 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 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/MCOE 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 activities.

Please be advised all students will be held to honor and integrity guidelines. Any test discrepancies or unauthorized communication that may signal cheating or dishonesty will result in student or team disqualification.

Student Signature	Date: _____
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Parent/Guardian Signature	Date: _____
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As the Counselor or Administrator at _____ School, I hereby indicate the above-named student meets **the Decathlon requirements and GPA** for the following category:

Honor GPA <input type="checkbox"/>	Scholastic GPA <input type="checkbox"/>	Varsity GPA <input type="checkbox"/>
(3.80 – 4.00)	(3.20 – 3.799)	(0.00 – 3.199)

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



Competition & Awards Ceremony Saturday, February 3, 2024

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 in Merced, California on Saturday, February 3, 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: _____ 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 12, 2024

Coach: _____

School Name: _____

*Name of
Most Improved Student:*



A certificate will be presented to the “Most Improved Student” from each team during the Awards Ceremony. It is important to have this information in by Friday, January 13, 2023 so that certificates can be processed.

RETURN BY FRIDAY, JANUARY 12, 2024

To: Stacie Arancibia

Merced County Office of Education/MCAD

• Questions: 381-5910