



# 2025 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 15, 2024**

|  |                          |
|--|--------------------------|
| 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<br>(If Applicable) | <input type="checkbox"/> |
| Coach Award<br>(Due January 10th)            | <input type="checkbox"/> |

Return all forms to:

Stacie Arancibia

Merced County Office of Education

☎ Phone: 381-5910 • ✉ E-mail: [sarancibia@mcoe.org](mailto:sarancibia@mcoe.org)



MERCED COUNTY ACADEMIC DECATHLON  
Saturday, February 1, 2025



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 15, 2024, 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 15, 2024 TO:**  
 Stacie Arancibia • sarancibia@mcoe.org  
 Merced County Office of Education/ MCAD  
 Questions: 381-5910



# Student Participation Form

## 2025 Merced County Academic Decathlon



**I, (printed or typed name of student) :**

\_\_\_\_\_

First Name
MI
Last

**Attending school at:**

**Grade:**

\_\_\_\_\_

**Students Personal e-mail:**

\_\_\_\_\_

**Phone**

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.

\_\_\_\_\_ Date: \_\_\_\_\_

Student Signature

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature



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   
(3.80 – 4.00)

Scholastic GPA   
(3.20 – 3.799)

Varsity GPA   
(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.)



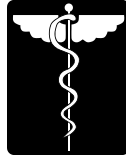
**MERCED COUNTY ACADEMIC DECATHLON  
AUTHORIZATION FOR MEDICAL TREATMENT**



**Competition & Awards Ceremony  
Saturday, February 1, 2025**

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 1, 2025.

\_\_\_\_\_ 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 Coaches Award



Due by Friday, January 10, 2025

Coach: \_\_\_\_\_

School Name: \_\_\_\_\_

*Coaches Award Recipient:*

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The Coaches Award can be given to the most improved student, a student that helped other teammates, or a student that did something special that the team wants to recognize. A certificate will be presented to one student from each team who will earn the Coaches Award at the awards ceremony.

**RETURN BY FRIDAY, JANUARY 10, 2025**

To: Stacie Arancibia  
Merced County Office of Education/MCAD  
sarancibia@mcoe.org