



2026 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 14, 2025

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"/>
Coaches Award (Due January 9th)	<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 7, 2026



STUDENT/TEAM INFORMATION

SCHOOL _____ COACH _____

HONOR (3.9+ GPA)

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

SCHOLASTIC (3.4 - 3.899 GPA)

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

VARSITY (0- 3.399 GPA)

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

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Merced County Office of Education/MCAD
Questions: 381-5910



MERCED COUNTY ACADEMIC DECATHLON



COMPETING ALTERNATES - \$20.00 fee per student

SCHOOL _____

HONOR (3.9+ GPA) ALTERNATES

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

SCHOLASTIC (3.4 - 3.899 GPA) ALTERNATES

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

VARSITY (0- 3.399 GPA) ALTERNATES

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

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2026 Merced County Academic Decathlon Student Participation Form



I, (printed or typed name of student):

First Middle Last

School Grade

Student's Personal Email or Family Email (for scholarship contact after graduation, don't use school email)

Hereby requests participation in the 25-26 Academic Decathlon. My parent/guardian, whose signature is shown below, and I, hereby agree to follow the competition 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 including GPA, 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 videotape of recordings, etc.

The Merced County Academic Decathlon Association and Merced County Office of Education 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.

My parent/guardian and I hereby release from all liability and responsibility the Merced County Academic Decathlon, the Merced County Office of Education, the CAD, the USAD, and their respective Boards of Directors, and hold each of them harmless from any damage or injury which may be incurred or caused before, during or following any part of competition, including travel.

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

Student Signature

Date

Parent/Guardian Signature

Date



Coaches - submit transcript for each team member displaying student total unweighted GPA. For Freshmen, attach transcript/schedule for current year to verify full-time enrollment. If total unweighted GPA is not available, please use form [here](#) and submit with transcripts.

Based on student transcripts and the above student's total unweighted GPA of _____, student is eligible for:

- Honor (3.9+) Scholastic (3.4-3.899) Varsity (0-3.399) Freshmen (open category)

This student is an alternate in the GPA/Category listed above.



2026 Merced County Academic Decathlon Authorization for Medical Treatment



This is to authorize any necessary medical, surgical, and/or hospital care for my child,

First

Middle

Last

while they are attending and/or in route to and from the Merced County Academic Decathlon in Merced, CA on Saturday, February 7, 2026.

Parent/Guardian Name, Address, Telephone Number and Insurance Information:

Name: _____ Phone: _____

Address: _____

Student/Family Medical Insurance Carrier or other information needed for medical care:

Additional Family/Neighbor Contact Name and Telephone Number:

(in case we cannot reach Parent/Guardian contacts)

Name: _____ Phone: _____

Relationship to student: _____

Parent/Guardian Signature

Date

If you do not agree to above authorization, please state requested alternative medical provisions and sign below:

Parent/Guardian Signature

Date



Merced County Academic Decathlon Coaches Award



Due by Friday, January 9, 2026

Coach: _____

School Name: _____

Coaches Award Recipient:



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 9, 2026

To: Stacie Arancibia
Merced County Office of Education/MCAD
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