

2012 STATE FINALS

PAGE Georgia Academic Decathlon

STUDENT REGISTRATION and PARENT PERMISSION FORM

I, _____, now a student at
 _____ Student
 _____ in _____ living at
 _____ School _____ Grade

 Home address _____ City _____ State _____ Zip _____

 Phone (school) _____ Phone (home) _____

hereby request participation in the Georgia Academic Decathlon (GAD) State Finals to be conducted at Berkmar High School, Lilburn, Georgia, on February 24-25, 2012. My parent(s), or guardian, my coach and I, whose signatures appear below, agree to follow the competition rules and accept the interpretations and decisions made by the competition manager.

I have read and agree to adhere to the USAD/Georgia Code of Student Conduct, Dress Code and General Rules (on pages 72a, 72b, 73). I agree to adhere to the highest standards of honesty and integrity while participating in the PAGE GAD competition events. I further agree to participate in any test validating the test results deemed necessary or appropriate by PAGE GAD.

My parent(s) or guardian and I hereby release from PAGE GAD and their Board of Directors of all liability and responsibility and hold each of them harmless from any damage or injury which may occur or to be caused by me before, during or following any such competition, including travel. We further consent to the release of information about, or relative to, my participation in competition activities, including scores, photographs, sound and video recordings, and any other data. PAGE GAD shall have full rights to reproduction and use of all such materials.

We understand that the team coach is the official chaperone and that he/she has full responsibility to make medical or other necessary decisions, and that I and my parent(s) will be held responsible for any damage resulting from my behavior. I also authorize that my transcript and any other pertinent materials may be sent to PAGE GAD for verification of my eligibility to participate in the Decathlon competition.

_____ Student's Signature	_____ Date
_____ Parent(s) – Guardian's Signature	_____ Date
_____ Coach's Signature	_____ Date
_____ School Administrator's Signature/Title	_____ Date

RETURN by, February 1, 2012

To: PAGE GAD / 645 Old Summerville Rd NW / Rome GA 30165 / Fax 866-556-4510