

ALASKA ACADEMIC DECATHLON
Student Registration
State Competition - February 26-29, 2020

Students and parents or guardians please sign and date this form. Signatures are also required from the coach and school counselor or administrator. Please send completed forms to Alaska Academic Decathlon, Post Office Box 241153, Anchorage, AK 99524-1153, Attn: Curtiss Clifton, fax to (907) 868-5676 or scan and e-mail cclifton@gci.com. Call or text (907) 230-3927 for confirmation.

THIS FORM MUST BE RECEIVED BY FEBRUARY 12, 2020			
Student name (first)	Middle	Last	
School Name		District	Grade
Home Address:			
City:	State:	Zip:	Phone:
<p>I request to participate in the Alaska Decathlon Competition to be held in Anchorage Feb. 26–29, 2020.</p> <p>My parents or 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 chairperson.</p> <p>In consideration of my participation in the Alaska Academic Decathlon, my parent/guardian and I hereby grant to the United States Academic Decathlon, its state and local affiliates, and their respective licensees, successors and assigns (collectively, "the Grantees"), the right to publish, use and copyright my name, voice, portrait, picture, photograph, video, biographical material and education information, including without limitation my test results, in all media in connection with the promotion and publicity for the Academic Decathlon, or for other educational purposes in the discretion of the Grantees.</p> <p>I hereby release and agree to indemnify the Grantees from and against any and all liability arising out of the exercise of the rights granted by this release.</p>			
Student Signature	Date	Parent or Guardian Signature	Date

As the Counselor or Administrator at _____ High School, I hereby confirm that the above named student meets the Alaska Academic Decathlon requirement for the category shown at right:	<input type="checkbox"/> HONOR <input type="checkbox"/> SCHOLASTIC <input type="checkbox"/> VARSITY
Counselor Name	Counselor Title:
Counselor Signature	Date