



New Mexico Academic Decathlon

STUDENT REGISTRATION FORM

PLEASE PRINT OR TYPE

I, (printed or typed name of student) _____
First Middle Last

now a student at (school name) _____

in grade _____ and living at the following mailing address:

Number Street Apt.#

City State Zip Telephone Number

I hereby request the right to participate in the **NM Regional Academic Decathlon Competition to be held January 23, 2010**. In addition, if my school becomes eligible to participate in the **New Mexico State Academic Decathlon competition on February 27, 2010**, I also request the right to participate in the statewide competition. My parent or 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 State Director and/or her designee(s). 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 Day 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 recordings, etc. Consent is likewise given to the use of such information by an institute of higher learning, recognized educational study group or educator for the study comparison and the furtherance of knowledge in the fields of education and human behavior. The New Mexico State Academic Decathlon 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 Day activities.

Student Signature: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

As the Counselor or Administrator at _____ High School,
I hereby indicate that the above named student meets the Decathlon requirement for the following category:

Honor _____ Scholastic _____ Varsity _____

Counselor/Administrator Signature Title

Printed or Typed Name of Above