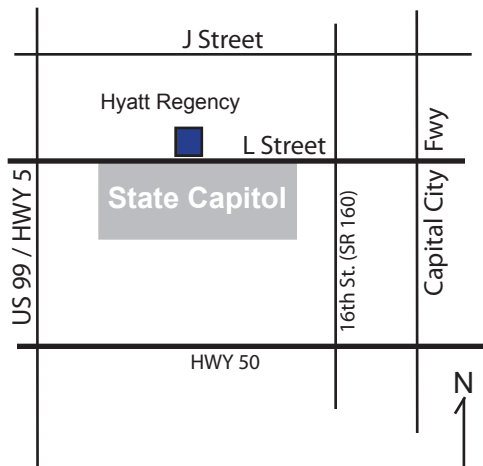




# Academic Decathlon Capital Region Scrimmage

## Registration Information

### Hyatt Regency Sacramento, Regency Ballroom



### Directions from HWY 50

For directions to the Hyatt Regency Sacramento go to <http://sacramento.hyatt.com/hyatt/hotels/index.jsp> and select the "map & directions" link. You can park in the Hyatt garage and we will provide you with a discounted parking voucher. The cost will be \$7.00 per car.

### Scrimmage Schedule

Registration	8:00 a.m.
Welcome & Introductions	8:45 a.m.
Session One Testing	9:00 a.m.
Math, Social Science, Economics	
Language and Literature, and Art	
Lunch	12:15 p.m.
Session Two Testing	1:25 p.m.
Music and Science	
Closing Remarks & Reports	3:00 p.m.

### Lunch

Lunch is **not** included.

### Food Options:

1. Bring your own lunch, **OR**
2. Eat at one of the local eateries. A list can be found at <http://www.downtownsac.org/DSPAPP/V/resources/downtown-directory.html>

## Saturday, December 12, 2009

Hyatt Regency Sacramento

8:30 a.m. - 3:00 p.m.

\$10.00 per person

The Capital Region Scrimmage is a one-day Academic Decathlon practice scrimmage. Students will compete in an arena testing environment with 350-450 decathletes from northern California. The USAD Round 1 Scrimmage Tests will be administered in Art, Economics, Language & Literature, Mathematics, Music, Science, and Social Science. Coaches will receive a report showing individual results by category (honor, scholastic, varsity) for each subject tested. The reports also will include detailed scores for each sub-



category. For instance the Economics report will include scores for Fundamental Economic Concepts, Macroeconomics, Microeconomics, International Trade, and Revolutionary France.

### Registration Forms (Due December 4, 2009)

1. Please complete one School Participation Registration form for your school. List the names of the decathletes who will be attending the scrimmage. Please list a category for each decathlete (honor, scholastic, or varsity).
2. Fax this completed form to (916) 228-2665 to hold your spots.
3. Print a copy of the *Individual Participant Medical, Liability & Information Release* form for each decathlete. **In order to participate** each decathlete must sign this document and have his or her parent or guardian sign if under 18 years of age.
4. When complete, send these forms **with payment** of \$10.00 per decathlete to: Sacramento COE, Academic Decathlon, P.O. Box 269003, Sacramento, CA, 95826

**All Individual Participant Medical, Liability & Information Release forms and payment must be in our office by 5:00 p.m. on December 4, 2009 in order to participate.**

# Academic Decathlon

## Capital Region Scrimmage

### December 12, 2009

#### SCHOOL PARTICIPATION REGISTRATION

Forms and payment are due by December 4, 2009

When complete, fax this page to (916) 228-2665 to hold your spots.

**YES**, our school will participate in the Academic Decathlon Capital Region Scrimmage on December 12, 2009 at The Hyatt Regency Sacramento.

\_\_\_\_\_ Number of decathletes attending from our school X \$10.00 =   
Total Amount Due

I understand that the United States Academic Decathlon (USAD) Round One tests are the copyrighted property of USAD and may not be used for any purpose other than an Academic Decathlon competition. I understand that these tests may not be released into the public domain, nor at any time be distributed for study or practice purposes. I understand that following the conclusion of the Scrimmage all test materials will be collected and destroyed.

\_\_\_\_\_  
Coach's Name (typed or printed)

\_\_\_\_\_  
Coach's Signature

\_\_\_\_\_  
County/School

\_\_\_\_\_  
Date

\_\_\_\_\_  
School: Street Address

\_\_\_\_\_  
Coach Contact Phone #

\_\_\_\_\_  
School: City, State, Zip

\_\_\_\_\_  
Coach E-mail Address

Coaches will receive a report showing results for each decathlete. Since this is an individual competition the number of honor, varsity, and scholastic decathletes participating may vary. The criteria for categories is as follows: Honor 3.75 - 4.00 grade point average (GPA), Scholastic 3.00 - 3.74 GPA, Varsity 0.00 - 2.99 GPA.

**Decathlete Name**

**Category (Honor, Scholastic, Varsity)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
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12. \_\_\_\_\_
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14. \_\_\_\_\_

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(Additional sheets may be added if needed)

# Academic Decathlon

## Capital Region Scrimmage • December 12, 2009

### INDIVIDUAL PARTICIPANT MEDICAL, LIABILITY & INFORMATION RELEASE

I, (print name of student) \_\_\_\_\_ of (school) \_\_\_\_\_ here-  
by request participation in the 2009 Academic Decathlon Capital Region Scrimmage (Scrimmage) on December 12, 2009 to be held  
at the Hyatt Regency Sacramento. My parent or guardian, whose signature is shown below, and I hereby agree to follow the rules of  
competition and accept the interpretations and decisions made by the scrimmage manager.

**Voluntary Release:** Assumption of Risk and Indemnity Agreement: In consideration of the acceptance of my child's participation in  
the Scrimmage, I hereby release, discharge, and covenant not to sue any sponsoring and supporting agencies including the California  
Academic Decathlon, Sacramento County Office of Education, Solano County Office of Education and their representatives, officers,  
successors, and assignees, directors, staff, workers, participating volunteers, and all other hosts (herein collectively referred to as "re-  
leasees") from all claims and liability arising out of strict liability or ordinary negligence or hold harmless and cover releasee for all claim  
judgment(s) or expense(s) that may incur arising out of my child's participation in this event. I understand that participation in this event  
contains certain risks of injuries; that the meetings and events will be indoors and outdoors and that there is inherent risk in doing so  
which I voluntarily assume, because I choose to do so. I further know that other participants may pose a risk as there may be physical  
activities. I voluntarily elect to accept all risks connected with participation in this program.

**Medical Consent:** I, the undersigned, hereby give consent to have the above signed treated by a physician or surgeon in case of  
sudden illness or injury while participating in Academic Decathlon events and activities; including, authorization and consent for any  
x-ray examination, medical anesthetic, or surgical diagnosis rendered under the general or special supervision of any member of the  
medical/dental staff and emergency room staff licensed under the provisions of the Medical Practice Act or Dental Practice Act and on  
the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public  
Health. It's understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but  
is given to provide authority and permission to render care which the aforementioned physician in the exercise of his/her best judgment  
may deem advisable. It's understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient,  
but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to  
the provisions of Section 25.8 of the Civil Code of the State of California. The signing of this release only gives the organizers of this  
program and agents thereof, the right to consent for treatment of minors. It does not release signee of liability from medical cost arising  
from said treatment. The releasees do not assume liability of said cost and are not liable for any complications arising from said treat-  
ment. It is understood that the releasees provide no medical insurance for such treatment. If a personal physician is listed, every effort  
will be made to contact such physician. However, the location of the event or the nature of the illness or injury may require the use of  
emergency medical personnel.

In the box below, indicate all medical problems and restrictions (e.g., diabetes, allergies to medications and/or foods, heart problems,  
asthma, regular medication(s), etc). Please provide copies of prescription labels which identify medications and dosages. [Use back  
side for more space, if needed.]

Physicians Name \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance Carrier (Kaiser, etc.) \_\_\_\_\_ Policy # \_\_\_\_\_

Please check the box if you do not carry Health/Medical Insurance.

**Information Release:** By completing and signing this request (below), I (student and parent/guardian) hereby give permission and  
indicate consent to the release of educational information about or relative to participation in the Scrimmage. Such information shall  
include but not be limited to the release of test results, photographs, the reproduction of sound, motion picture, or videotape recordings,  
to be used in connection with an educational television program or subsequent video, photographic, Web sites, multimedia, or audio  
presentations. I further grant permission to be shown on closed circuit TV systems, shared with other classes and schools, shared at  
community and professional meetings, aired by local cable stations, entered into educational or media contests, posted on Web sites  
and used for other purposes deemed appropriate by the releasees. I understand and agree that all media will become the exclusive  
property of the releasees and there will be no compensation or remuneration. 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 further-  
ance of knowledge in the fields of education or human behavior. The releasees shall have the right to reproduce, use, display, and dis-  
seminate in such manner as they see fit, without obligation of any kind to any person, the test efforts resulting from the Scrimmage.

**By signing below I hereby give permission and consent to the voluntary release, medical consent, and information  
release described above.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature (if student is under 18 years old)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent's/Guardian's Name

\_\_\_\_\_  
Parent/Guardian Contact Phone #