

2019



# ACADEMIC DECATHLON Capital Region Scrimmage

Registration Information For Schools in Sacramento County

**Saturday, December 14, 2019**

CSU Sacramento - University Union Ballroom  
6000 J Street, CA 95819

9:00 am - 3:30 pm • \$12.00 per person

At the Capital Region Scrimmage students compete in an arena testing environment with 450-500 decathletes from throughout California. The USA Round 1 Scrimmage Tests will be administered in Art, Economics, Language & Literature, Mathematics, Music, Science, and Social Science. First through third place award ribbons will be presented to decathletes for each exam in each category (honors, scholastic, and varsity). Coaches

will receive a report showing individual results by category for each subject tested. The reports also will include detailed scores for each subcategory. For instance the Economics report will include separate scores for Fundamental Economic Concepts, Macroeconomics, Microeconomics, and An Introduction to Health Economics.



## Scrimmage Schedule

Check-In .....	8:30 a.m.
Welcome & Introductions.....	9:00 a.m.
Session One Testing.....	9:15 a.m.
Math, Science, Economics, Language & Literature, and Art	
Lunch (on your own).....	12:20 p.m.
Session Two Testing.....	1:20 p.m.
Music and Social Science	
Awards Presentation .....	3:00 p.m.

## Lunch

Lunch is **not** included.

## Registration (Closes Friday, December 6, 2019)

**Sacramento County Schools --MUST--** use the Coach Online Registration Portal to register your students for the Capital Region Scrimmage.

1. Students will select a method for completing Medical and Participation Release forms. It can be done by paper or the online system can send an electronic release to a parent/guardian. The paper release is attached, however we encourage completing this electronically.
2. Students only need to complete **ONE** release form that will cover the Scrimmage (December 14, 2019), County Competition (February 1, 2020), and Banquet (February 3, 2020).
3. Coaches go to [www.scoe.net/ad/register](http://www.scoe.net/ad/register), then log in and put a check in the Scrimmage box for each student attending. You will be billed \$12 for each student with a check in the Scrimmage Box.

**All Individual Participant Medical, Liability & Information Release forms MUST be completed (paper or electronic) and submitted by 5:00 p.m. on Friday, December 6<sup>th</sup> in order to participate.**

Questions Contact:  
Claudia Golsong  
(916) 228-2670  
[cgolsong@scoe.net](mailto:cgolsong@scoe.net)



# 2019-20 INDIVIDUAL PARTICIPANT MEDICAL, LIABILITY & INFORMATION RELEASE

Due: Friday, December 6, 2019

**We encourage students and their parents/guardians to complete this electronically!**

I, (print name of student) \_\_\_\_\_ of (school) \_\_\_\_\_ hereby request participation in the **2019–20 Academic Decathlon Events**. Events may include (but are not limited to): Capital Region Scrimmage (December 14, 2019), Regional Competition (February 1, 2020), & Academic Decathlon Banquet (February 3, 2020). 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 competition manager.

**Voluntary Release:** Assumption of Risk and Indemnity Agreement: In consideration of the acceptance of my child's participation in 2019-20 Academic Decathlon Events 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, SAFE Credit Union, and their representatives, officers, successors, and assignees, directors, staff, workers, participating volunteers, and all other hosts (herein collectively referred to as "releasees") 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 Decathlon Events 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 treatment. 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.

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 Academic Decathlon Events. 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 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 furtherance of knowledge in the fields of education or human behavior. The releasees 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 these Academic Decathlon Events.

**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 #