

2021



ACADEMIC DECATHLON Capital Region **Online** Scrimmage

**Registration Information
For Schools Outside Sacramento County**

Saturday, December 11, 2021

USAD Online Testing Platform

9:00 am - 3:30 pm • \$7.00 per person

At the online Capital Region Scrimmage students will compete virtually with 450-500 decathletes from throughout California using USAD's online testing platform. The USAD Round 1 Scrimmage Tests will be administered in Art, Economics, Language & Literature, Mathematics, Music, Science, and Social Science. First through third place students will be announced for each subject/category and award ribbons will be mailed to coaches. 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 the Economics of Water.



Scrimmage Schedule

Zoom Welcome & Introductions..... 9:00 a.m.

Session One Testing..... 9:15 a.m.
Math, Science, Economics, Language
& Literature, and Art

Lunch Break..... 12:20 p.m.

Session Two Testing..... 1:20 p.m.
Music and Social Science

This form is for schools NOT in Sacramento County

Registration (Closes Friday, December 3, 2021)

1. Please complete the school registration form by going to: <https://form.jotform.com/212867009347157>
List the names of the decathletes who will be attending the scrimmage. Please list a category for each decathlete (honor, scholastic, or varsity). You can pay by credit card or PO/check.
2. 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. Fax or e-mail these completed forms to Claudia Golsong at (916) 228-2665 (cgolsong@scoe.net) by the deadline.
5. Send payment of \$7.00 per decathlete to: Sacramento COE, Attn: Academic Decathlon, P.O. Box 269003, Sacramento, CA, 95826-9003.

All Individual Participant Medical, Liability & Information Release forms MUST be completed and submitted by 5:00 p.m. on Friday, December 3rd in order to participate.

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



2021-22 INDIVIDUAL PARTICIPANT MEDICAL, LIABILITY & INFORMATION RELEASE

Due: Friday, December 3, 2021

For Students Outside Sacramento County

I, (print name of student) _____ of (school) _____ hereby request participation in the 2021 Online Capital Region Academic Decathlon Scrimmage. 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. Additionally, we understand and agree to the following specific provisions:

1. Voluntary Release: Assumption of Risk and Indemnity Agreement. In consideration of the acceptance of my child's participation in 2021 Capital Region Academic Decathlon 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 "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.

2. 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 videoconference (eg. Zoom, Teams), 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 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 the Decathlon Events. I understand and agree that all media will become the exclusive property of the releasees and there will be no compensation or remuneration.

3. Prohibition of Audience/Participant Reproduction of Virtual Event. I agree that my child and I will adhere to virtual privacy policies and California privacy statutes by refraining from capturing images (through screenshot or other means), recording and/or rebroadcasting any part of the virtual event without authorization. **Any recording or capturing of images will result in disqualification.**

4. Code of Conduct. Participants are expected to conduct themselves in compliance with their school site codes of conduct. With specific respect to conduct during videoconferencing, participants are expected to observe proper videoconference guidelines, including minimizing distractions.

5. 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.

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.

By signing below I hereby acknowledge and agree to all terms 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 #