

**MERCED COUNTY ACADEMIC PENTATHLON**

Saturday ~ March 5, 2016

**TEAM LIST**

TEAM \_\_\_\_\_  
GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

Please provide phonetic spelling for the first and last names of each student.

**HONOR**

<b>Name</b>	<b>Phonetic Pronunciation</b>
1. _____	_____
2. _____	_____
3. _____	_____

**SCHOLASTIC**

<b>Name</b>	<b>Phonetic Pronunciation</b>
4. _____	_____
5. _____	_____
6. _____	_____

**VARSITY**

<b>Name</b>	<b>Phonetic Pronunciation</b>
7. _____	_____
8. _____	_____
9. _____	_____

\*Lead COACH: \_\_\_\_\_ PHONE: \_\_\_\_\_

List assistant coaches (to be included in program and nametags)

_____	_____
_____	_____
_____	_____

**\* All Names listed will be given name tags on Competition Day and phonetic pronunciation is important for the Awards Ceremony.**

Team List and Fees are Due February 11, 2016

2016

Merced County Academic Pentathlon

VOLUNTEER FORM

Due to Pentathlon Coach: February 5, 2016

To: Pentathlon Volunteer
From: Stacie Arancibia, Events Planner, Instructional Services

Merced County Office of Education is hosting the 2016 Academic Pentathlon for grades 6, 7 and 8. The competition is on Saturday, March 5, 2016 at Golden Valley High School located at 2121 East Childs Avenue in Merced.

The students and coaches are excited about this opportunity to demonstrate their academic prowess and achievement. Volunteering for the Pentathlon is a great way to show our young people how much we value their pursuit of academic excellence. With over 35 teams participating, we are seeking volunteers to help on competition day. Please complete the section below to indicate your response, and return it to the Pentathlon Coach by February 5, 2016. A confirmation letter will be sent directly to you if this form is received by the due date.

Your participation is greatly appreciated!

For information, contact Stacie Arancibia at (209) 381-5910 • Fax: 381-6773 • sarancibia@mcoe.org

\* \* \* \* \*

Name of School Grade Representing: [ ] 6th [ ] 7th [ ] 8th

Table with 2 columns: Name of Volunteer, Phone; Mailing Address, City, Zip

Position: [ ] Teacher [ ] Administrator [ ] Parent of \_\_\_\_\_ th grader

I am willing to participate in the following capacity: (please choose one or both)

[ ] Test Room Proctor or Assistant: 8:15 - 12:00 p.m. [ ] Super Quiz Proctor 12:30 - 3:00 p.m.

- 8:00 a.m. Test Room Proctor Registration – Orientation starting at 8:15 a.m.
8:15 a.m. Team Registration
9:00 a.m. General Session
9:15 a.m. Students released to testing rooms
9:30 a.m. First Test Begins – Arts & Literature
10:05 a.m. Second Test Begins – Math
10:35 a.m. Snack Break
11:00 a.m. Third Test Begins – Science
11:35 a.m. Fourth Test Begins – Social Science
12:05 – 12:50 p.m. Lunch Break
12:30 – 1:00 p.m. Super Quiz Proctor Orientation
1:00 p.m. Super Quiz – held in Gym





ALL INFORMATION MUST BE NEATLY PRINTED OR TYPED. APPLICATIONS THAT ARE NOT CLEARLY LEDGIBLE ARE SUBJECT TO RETURN

THIS IS A TWO-SIDED DOCUMENT - BOTH SIDES MUST BE COMPLETED

2016 Merced County Academic Pentathlon

I, \_\_\_\_\_
Student Name (Neatly PRINTED OR TYPED)
a student at \_\_\_\_\_
School District
in grade \_\_\_\_\_ and living at \_\_\_\_\_
Number Street
City Zip Code Telephone

hereby request participation in the 2016 MERCED COUNTY ACADEMIC PENTATHLON. My parent or guardian and I, whose signatures are shown below, hereby agree to follow the competition rules and will accept the interpretations and decisions made by the Pentathlon Coordinator. My parent and I do hereby release from all responsibility or liability any and all representatives of Merced County Office of Education, Merced Union High School District, Community of Merced and Pentathlon Volunteers, and hold them totally harmless for any incident, injury, or emergency medical care which may be incurred before, during, or following such competition. We further consent to the release of information about, or relative to, the participation of this student in competition activities, including scores, photographs, sound and video recordings and any other data.

Check if applicable. I have a disability or special condition that requires a modification of the testing procedures. Contact \_\_\_\_\_ at \_\_\_\_\_ to discuss the specifics.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_
PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(SECTION BELOW FOR SCHOOL ADMINISTRATOR ONLY)

As the Administrator at \_\_\_\_\_ School, I hereby attest that the above student's GPA is \_\_\_\_\_ and meets the Pentathlon requirement for the marked category
aS: Write in GPA above (\*Includes Alternate)
Honor (3.75-4.00 GPA) Scholastic (3.00-3.74 GPA) Varsity (0.00-2.99 GPA) \*Alternate

Grades Verification: Fill in letter grade for the subjects below.
English/Language Arts \_\_\_\_\_ Science \_\_\_\_\_
History/Social Studies \_\_\_\_\_ Math \_\_\_\_\_

Superintendent/Administrator Signature \_\_\_\_\_ Title \_\_\_\_\_
Printed Name of Administrator \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL TREATMENT  
MERCED COUNTY ACADEMIC PENTATHLON  
Competition  
Saturday, March 5, 2016**

This is to authorize any necessary medical, and/or hospital care for my child,

\_\_\_\_\_, while he/she is attending and/or en route to and from Golden Valley High School, Merced, California on Saturday, March 5, 2016.

\_\_\_\_\_ Date



\_\_\_\_\_ Signature of Parent or Guardian  
(ink please)

If your child needs to enter a hospital, the following information would be needed:

1. Emergency Contact Number: \_\_\_\_\_

2. Child/Family Medical Insurance carrier \_\_\_\_\_

3. Parent/Guardian name, address and telephone number:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

4. Relative or neighbor's name, address and telephone number:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

If you cannot agree to the above authorization, please state alternative medical provisions and sign below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ \*Signature of Parent or Guardian  
(Ink please)

**\*This Form Must Be Signed in Order to Compete in the  
Academic Pentathlon Competition**