

Is your **middle-schooler** an "outside-the-box" thinker? Does your child love trivia and thinking on their feet? Do you have a budding actor on your hands? **U.S. Academic Triathlon** may be the perfect opportunity to channel those qualities. U.S.A.T. is an **after school, volunteer run**, adventure.

U.S. Academic Triathlon is a creative thinking team competition that teaches and rewards creative and divergent thought processes, cooperative brainstorming, general intellect, leadership and a "flare" for the dramatics. Five-person teams compete in three distinct events at a USAT meet and are rewarded for their teamwork, creativity, and positive risk-taking decisions. About 220 teams, participated in U.S. Academic Triathlon last year in Minnesota alone.

**P.A.R.T.Y in the Box:** An improv performance challenge

**Mind Sprints:** Three short-term(10 minute) creative thinking problems that may challenge students verbally,visually,spatially or kinesthetically

**Face-Off:** Oral and written questions comprise this academic and concrete factual recall event

Academic Triathlon involves four meets (Dec-Mar). These meets are held at area schools on Friday afternoons from 4 pm to about 8 pm. Before registering, please check the dates carefully to determine if your child will be available.

- Meet 1 - Dec. 7, 2018
- Meet 2 - Jan. 11, 2019
- Meet 3 - Feb. 08, 2019
- Regionals (for all teams) - Mar. 01, 2019
- State (those who advance from Regionals) - Apr. 06, 2019

## **TEAM REGISTRATION**

**Sign up a Team** – sign up as a team of up to 5 students. Students are free to assemble teams as they wish. If a team has a coordinator, but not all 5 members, the team sheet may be turned in with a blank(s), and interested students may be placed on that team. If the team roster cannot be completed, checks will be returned.

**Annunciation will** facilitate the activity by forwarding registration materials, providing competition kits, and host meets scheduled at Annunciation.

### **Before you register you should know:**

- Two parents from each team must serve as volunteer judges for each meet.
- Parents volunteering as judges need to be Virtus compliant
- Each team member must be a 6<sup>th</sup>, 7<sup>th</sup> or 8<sup>th</sup> grader enrolled at Annunciation.
- Parents are responsible for transporting their child to and from all of the meets
- Students will be asked to bring small supplies to each meet (milk carton, shiny object)
- Parents new to coordinating a triathlon team are encouraged to attend an informational meeting in early November.
- Team coordinators collect complete registration forms and a \$60 check made out to Annunciation from each team member and attach the 'Team Information' Form
- Team Coordinator should turn in ALL permission slips, checks, Team Information form in one envelope (marked Anne Laux) to school office by **Friday, October 26**

For more information, here's a link to the USAT Website: <http://www.academictriathlon.org>

**ANNUNCIATION CATHOLIC SCHOOL  
PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT**

**ACADEMIC TRIATHLON 2018-19**

Participant's Name: \_\_\_\_\_  
Participant's Homebase Teacher: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Parent/Guardian's name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please enclose \$60 check** for each participant

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I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
Parent or guardian's name Child's name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/lawsuit.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

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

**OPTIONAL MEDICAL INFORMATION:**

Medication my child is taking at present: \_\_\_\_\_  
Family Health Plan carrier number: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

I also give permission for any photographs taken during Academic Triathlon meets by Annunciation or participating schools to be used for promotional or educational publication.

As parent or guardian, I agree to all of the above stated considerations and conditions.

\_\_\_\_\_  
Signature Date

## TEAM INFORMATION FORM

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Check here if you are a partial team and need additional members.

Team Coordinator (Adult)

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Team Members:

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Alternate (optional)

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