

# WASHINGTON, D.C. YOUTH TOUR

## STUDENT INFORMATION



### Name as it appears on your drivers license:

First

Middle

Last

 Male  Female /  / 

Date of birth

 S  M  L  XL  2XL

T-shirt size

Street address

City

State

Zip code

Email address

 -  - 

Phone

Name of cooperative

### Parent(s)/Guardian(s) Information:

Father's first and last name

 -  -   
Home phone -  -   
Cell phone -  -   
Work phone

Mother's first and last name

 -  -   
Home phone -  -   
Cell phone -  -   
Work phone

Legal guardian's first and last name

 -  -   
Home phone -  -   
Cell phone -  -   
Work phone

With whom do you live?

Please attach applicant photo here

**DUE DECEMBER 30, 2024**

PLEASE CONTINUE TO NEXT PAGE

# WASHINGTON, D.C. YOUTH TOUR

## MEDICAL INFORMATION



Name as it appears on your drivers license:

<input type="text"/>		<input type="text"/>	<input type="text"/>
First		Middle	Last
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Male	Female	Date of birth	Phone

<input type="text"/>		
Street address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip code

List any allergies for which you take medication, or any other medical condition for which medication would be needed for the trip (i.e. diabetes, car sickness. etc.). Also, please list any chronic or temporary medical conditions (such as epilepsy, diabetes, etc.) that the tour director and chaperones should be aware of.

**Do you currently or have you ever had one or more of the following:**

CONDITION	YES	NO	MEDICATIONS/TREATMENT/CONDITION:
Food allergies			
Medicine allergies			
Environmental allergies			
Anxiety/Depression/Other			
Sleeping Disorders			
Convulsions/Seizures			
Vision/Hearing/Impairment/Glasses/Contacts			
Sinus or Ear Concerns			
Asthma or Breathing Concerns			
Bleeding Concerns			
Heart Murmur/ Heart Disease			
High Blood Pressure			
Implanted Devices			
Diabetes			
Stomach or GI Concerns			
Pregnancy or Bladder Concerns			
Muscle Bone Concerns Bring Braces, Splints or Wraps			
Recent Surgeries			

**OTHER MEDICAL CONDITIONS:**

# WASHINGTON, D.C. YOUTH TOUR INSURANCE INFORMATION



This information is required for the Accidental Insurance Coverage provided by the group. This coverage is only available while the group is in Washington, D.C. Please attach a photocopy of the front and back of your medical insurance card for coverage in the Denver/Metro area or while we are traveling. Students/Parents/Guardians are responsible for any charges not covered by insurance.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First name of insured youth

Middle name  
of insured youth

Last name of insured youth

<input type="text"/>	<input type="text"/>
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Full name of beneficiary

Relationship to Insured Youth

<input type="text"/>
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Street address of beneficiary

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City of beneficiary

State of beneficiary

Zip code of beneficiary

I, the undersigned parent or guardian of  give my consent for him/her

Full name of insured youth

to participate in the Washington, D.C. Youth Tour sponsored by our local electric cooperative, the Colorado Electric Educational Institute (CEEI), and the National Rural Electric Cooperative Association (NRECA). I understand that this participation involves travel within and outside Colorado, and at times my son/daughter may be traveling and/or participating in activities without the direct supervision of a chaperone.

I authorize CEEI and NRECA, through their staff and volunteer chaperones, to secure any medical or other emergency services the said staffs and volunteer chaperones in their reasonable discretion may deem necessary or desirable for my son/daughter during his/her participation in the electric cooperative Washington, D.C. Youth Tour.

I/We hereby release and agree to hold harmless CEEI and NRECA, their officers, members, staffs, and associated organizations together with their heirs, successors, or assigns from any and all causes of action, claims, damages, costs, expenses, compensation, personal injury, property loss, or any other loss or injury related to participation by my son/daughter during his/her participation in the electric cooperative Washington, D.C. Youth Tour.

I hereby grant permission to NRECA and CEEI to use photographs, likeness and/or videotape images of my son/daughter for publicity purposes related to this activity.

Parent or guardian's signature

Today's date

<input type="text"/>
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<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Please attach a copy of the <u>FRONT</u> of your medical insurance card
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Please attach a copy of the <u>BACK</u> of your medical insurance card
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# WASHINGTON, D.C. YOUTH TOUR

## CODE OF CONDUCT



First

Middle

Last

Please read these rules carefully. If these rules are broken you may be sent home at YOUR & YOUR PARENTS EXPENSE.

- You will be sharing a room with two other students. Please be considerate of your roommates.
- You may decide when to go to sleep each night, but you must be in your room by curfew and be on time each morning.
- Students are not allowed to leave the hotel premises without a chaperone.
- Male students are not permitted in female students' rooms, nor are female students permitted in male students' rooms, EVER!
- Smoking, alcoholic beverages, or drugs not prescribed by a medical doctor are NOT allowed at anytime.
- Cell phones, iPods and other types of radio/music are not allowed to be used during Youth Tour activities. They may be used during free time.
- Participants must be clothed properly at all times.
- No destruction of property is allowed. Any damages incurred above and beyond normal wear and tear will be charged to the participant causing the damage.
- Students who cancel their participation after February 28 may be required to cover any non-refundable costs incurred by the cooperative if an alternate cannot be found. If cancellation occurs less than one month prior to the trip, you may be billed the entire cost of the trip.

I have read and understand the Code of Conduct. I understand that as a participant of the Washington D.C. Youth Tour I am a representative of my cooperative and must conduct myself appropriately at all times. I understand that I may be sent home, at my expense, from the Youth Tour if I do not comply with these policies.

Parent or guardian's printed name

Parent or guardian's signature

 /  / 

Today's date

Student's printed name

Student's signature

 /  / 

Today's date

**APPLICATION DUE DECEMBER 30, 2024**