



Volunteer Activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies & Special Interests  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian(s)  
Father: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Mother: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Step-Father: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Step-Mother: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Legal Guardian(s): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

With whom do you live? \_\_\_\_\_

Medical Information:  
Please list any allergies for which you take medication, or any other medical condition for which medication would be needed for the trip. Also, please list any chronic or temporary medical conditions that the chaperones should be aware of. Please note that this information will be used only for the purposes of the Washington D.C. Youth Tour and Youth Tour/Leadership Camp and will not be divulged for any other reason.

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

Medical Release & Publicity Form

I, the undersigned parent or guardian of

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(full name)

give my consent for my student to participate in the Washington D.C. Youth Tour and/or the Youth Leadership Camp (Glen Eden) sponsored by our local electric cooperative, the Colorado Electric Educational Institute (CEEI), and the National Rural Electric Cooperative Association (NRECA), and that at times my student may be traveling and/or participating in activities without the direct supervision of a chaperone.

I authorize and direct CEEI and NRECA, through their staffs and volunteer chaperones, to direct and supervise my student. I further request and authorize CEEI and NRECA, through their staffs 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 student while participating in the Washington D.C. Youth Tour and/or the Youth Leadership Camp (Glen Eden)

I further give permission for CEEI, NRECA, or our local electric cooperative to use photographs, likenesses, and/or videotape images of my student for publicity purposes related to this activity.

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Parent or Guardian's Signature

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Date

**Please Attach a Photocopy of the Front and Back of your Medical Insurance Card.**



## NOTARY PUBLIC

### Code of Conduct

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

- You will be sharing a room with 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 11:00 p.m. and be on time each morning.
- Students are not allowed to leave the hotel premises and/or camp 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 illegal drugs are NOT allowed at anytime.
- Cell phones, I-Pods and other types of radio/music are not allowed to be used during Youth Tour/Leadership Camp 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.

I have read and understand the Code of Conduct. I understand that as a participant of the Washington D.C. Youth Tour and/or the Youth Leadership Camp (Glen Eden) 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/Leadership Camp if I do not comply with these policies.

Print Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Check List

- Students complete pages 1 and the top half of page 2
- Parents complete the bottom of page 2, and page 3
- Student and parents complete page 4 and 5
- Attach a wallet size picture to this application
- Attach a copy of your medical insurance card
- Return this information to your local electric cooperative

Applications must be returned to:

K.C. Electric Assn. Inc.  
ATTN: Ben Orrell  
PO Box 8  
Hugo, CO 80821

**Applications must be returned  
no later than December 5, 2011**