

**WASHINGTON D.C. YOUTH TOUR
and
YOUTH LEADERSHIP CAMP (GLEN EDEN)**

STUDENT INFORMATION/APPLICATION

Name:

(First) (Middle) (Last)

Name as you want it to appear on your name badge:

Address: _____

Phone: _____ Cell Phone: _____ Email: _____

Sex: _____ Date of Birth: _____ Age: _____

Name of Electric Cooperative: _____

High School: Grade Level: _____

T-shirt size: S M L XL 2XL 3XL

Please attach a wallet size picture to this application

Essay question: How would NOT having Electricity in 2017 and beyond affect your life?

Extracurricular Activities - academics, etc.

Volunteer Activities

Hobbies & Special Interests

Parent(s)/Guardian(s)

Father: _____

Home Phone: _____ Work Phone: _____ Email: _____

Cell Phone: _____

Mother: _____

Home Phone: _____ Work Phone: _____ Email: _____

Cell Phone: _____

Step-Father: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Step-Mother: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Legal

Guardian(s): _____ Email: _____

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.

Remember: If you take daily or even occasional prescription medications, be sure to bring enough for the camp with you in the original prescription bottle.

Medical Release & Publicity Form

I, the undersigned parent or guardian of

(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 that 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.

Parent or Guardian's Signature

Date

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

RELEASE OF LIABILITY

We, the undersigned parents or guardians, desiring that our child, _____, shall have the opportunity to participate in the Colorado Electric Educational Institute’s (CEEI) Washington D.C. Youth Tour and/or the Youth Leadership Camp (Glen Eden), do hereby consent to our child taking such a trip.

We further authorize and direct the CEEI Youth Tour/Leadership Camp and/or the Youth Leadership Camp (Glen Eden), through its adult chaperones, to direct and supervise our said child; and further request and authorize the Youth Tour/Camp, through its adult chaperones, to secure any medical or other emergency services, and/or treatments the adult chaperones, in their individual discretion, believe to be necessary or desirable for our child during this trip. The expense of such treatment will be borne by me, the parent or guardian.

We also agree that our child will be expected to respect and obey the rules and regulations of the Youth Tour/Camp. The Youth Tour/Camp director shall have complete discretion to determine whether a participant has violated the rules and regulations, and the Youth Tour/Camp director may send a participant home at the expense of the parent or guardian.

To the fullest extent permitted by law, the participant and his/her parents do hereby release, indemnify, defend and hold harmless the CEEI Youth Tour/Leadership Camp, CEEI, and CEEI's affiliated companies, partners, successors, assigns, legal representatives, officers, directors, employees and agents for, from and against any and all claims, liabilities, fines, penalties, costs, damages, losses, liens, causes of action, suits, demands, judgments and expenses of any type whatsoever arising out of or resulting from the participant's participation in the CEEI Youth Tour/Leadership Camp. All participants in the CEEI Youth Tour/Leadership Camp assume all risks associated with their participation in the Youth Tour/Leadership Camp.

Date _____ Student Participant Signature _____

Date _____ Parent(s) or Guardian(s) Signature _____

MUST BE NOTARIZED

STATE OF _____)
) SS:
COUNTY OF _____)

Subscribed and sworn to before me the _____ day of , 20__

My commission expires _____

NOTARY PUBLIC

Rules and Regulations

- Alcoholic beverages, smoking and illegal drugs are not permitted at any time.
- Students and ambassadors are not allowed to enter the cabins of the opposite sex.
- Students and ambassadors must have prior approval of the camp director before inviting guests to the seminar.
- Students and ambassadors are not allowed to leave the area without prior approval from the camp director.
- Students and ambassadors must attend all camp sessions. If you are ill and cannot attend a session, notify your small group leader and camp director.
- Pool, hot tub and spa rules and hours are posted and will be obeyed. No chemicals of any type, including shampoo or soap, are to be added to the pool or hot tubs. Counselors will be assigned lifeguard watch during pool time.
- Students and ambassadors will observe the quiet time after 10:00 p.m. and must be in their cabins by the curfew time per each day's agenda.
- Unless prior written approval is obtained from parents or guardians, all students and ambassadors must return home by the same means of transportation in which they arrived.
- The restaurant and alcoholic bar facilities are off limits to students and ambassadors.
- Participants must be clothed properly at all times.
- Keep your cabin neat, clean and orderly.
- Students and ambassadors may not change cabins without the approval of the camp director.
- Students and ambassadors will report to and travel with the counselor(s) they arrived with during field trips. If a counselor did not bring you to camp, please see the camp director.
- Wear your name badges during camp time and on all tours.
- Cell phones, I-Pods and other types of radio/music are not allowed during camp activities. They may be used during free time.
- 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.
- Be considerate of your cabin mates!

I have read and understand the Rules and Regulations. I understand that I am a representative of my cooperative and must act appropriately at all times. I understand that I may be sent home, at my expense, from the Youth Leadership Camp if I do not comply with these policies.

Print Student's Name: _____

Student's Signature: _____ Date: _____

Print Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____ Date: _____

Rafting Release Form

Bucking Rainbow Outfitters High Adventures Participant Release of Liability - Please Read Before Signing

In consideration of being allowed to participate in the sport of rafting, river running, fishing, hunting, camping, snowmobiling back country skiing, hiking and climbing with *Bucking Rainbow Outfitters High Adventures, LLC*, program related events and activities, I _____, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, and risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from negligence of the releases of others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I for myself and on behalf of my heirs, assign personal representative and next of kin, hereby release, indemnify, and hold harmless the *Bucking Rainbow Outfitters High Adventures, LLC*, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("releases"), with respect to any and all injury, disability, death or loss or damage to person or property, whether arising from negligence of the releases or otherwise, to the fullest extent permitted by law. I willingly admit to *Bucking Rainbow Outfitters High Adventures, LLC*, any physical or medical conditions past or present (example: pregnancy, past history of heart disease or any handicap that would affect participation):

Participant

I have read this release of liability and assumption of risk agreement, and fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily with inducement.

Participant's Signature: _____ Age: _____ Date Signed: _____

Address: _____ Phone: _____

Parents/Guardians of Participant

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all releases, and for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to the minor child's involvement or participation in these programs as provided above, **even if arising from the negligence of the releases**, to the fullest extent submitted by law.

Parent/Guardian's Signature: _____ Date Signed: _____

Emergency Phone: _____

Applications must be returned no later than December 31, 2016 to:
K.C. Electric Association, ATTN: George Ehlers, PO Box 8, Hugo, CO 80821