#### **Student Information**

Please print or type.

You will not be eligible to participate in Youth Tour activities until these forms have been filled out in their entirety and returned to your sponsoring cooperative for submission to PREA.

PREA and NRECA collect the following information to provide first aid and other medical treatments for students participating in Youth Tour and Youth Leadership Council. We reserve the right to refuse participation by your child if the information is not provided. The information collected will be kept by PREA and NRECA staff and will only be provided to medical staff in the case of an accident or emergency. This information is not shared or used for any other purpose. Some of the information contained in the form will be deemed a personal health record and, therefore, protected in accordance with certain federal requirements in addition to PREA's and NRECA's privacy policy.

uli Naille.		
Name (as you want it to appear on y	your name badge):	
Full Address:		
Home Phone:	Cellphone: _	
Your Email Address:		
Sex: Age:		T-Shirt Size:
Congressional Representative:		
Parent(s)/Guardian(s) – List the full r	names of your natural parents, stepparents	s, and/or legal guardians:
.,	names of your natural parents, stepparentsCellphone:	
Parent 1:		
Parent 1:	Cellphone:	
Parent 1:  Home Phone:  Parent 2:	Cellphone: Work Phone:	
Parent 1:  Home Phone:  Parent 2:  Home Phone:	Cellphone: Work Phone: Cellphone:	
Parent 1:  Home Phone:  Parent 2:  Home Phone:  Parent 3:	Cellphone: Work Phone: Cellphone: Work Phone:	
Parent 1:  Home Phone:  Parent 2:  Home Phone:  Parent 3:	Cellphone:Work Phone:Cellphone:Work Phone:Work Phone:Cellphone:	
Parent 1:  Home Phone:  Parent 2:  Home Phone:  Parent 3:  Home Phone:  Parent 4:	Cellphone:	
Parent 1:  Home Phone:  Parent 2:  Home Phone:  Parent 3:  Home Phone:  Parent 4:		

		School	Info	rmation	
High Sc	hool:				
School A	Address:				
Grade P	oint Average:	Major Study	Interes	t:	
	Goal:	_			
List acti		ipated in and any	special	honors you have received during high s	chool
	Activity	Ye	ars	Remarks	
Please I	ist any public speakir	ng experience you	ı may ha	nve:	
		and years of invo	lvement	t, including 4-H, church, community,	
and serv	vice clubs, etc.:				
A	ctivity	Years	R	emarks	
List any	other activities, spec	ial interests or ho	bbies: _		
List you	r local newspapers (c	lailies and weekli	es), nam	nes, addresses and websites:	

### YOUTH TOUR – Consent for Medical Treatment

READ THIS FORM COMPLETELY AND CAREFULLY AS THIS DOCUMENT IMPACTS IMPORTANT LEGAL RIGHTS.

I/We the undersigned parent(s) or guardian(s	S) Of
	te in Youth Tour from Sunday, June 18, 2023, through nnsylvania Rural Electric Association (PREA).
I/We understand that this participation involv	es travel within and outside Pennsylvania and New Jersey.
my/our child. I/We further request and authorsecure any medical or other emergency serv	staff and volunteer chaperones, to direct and supervise rize PREA, through its staff and volunteer chaperones, to rices the said staff and volunteer chaperones in their or desirable for my/our child during their participation in
hereby release any licensed healthcare prov	mpt medical care and treatment when necessary, I (we) ider providing medical care to our child in reliance of this acceptance of my (our) substitute caregiver's consent.
Please provide the name and phone number	of the best person to contact in the event of an emergency:
Name:	Relationship to Student:
Emergency Phone Number:	
Signed at	,, this
day of,	(date)
Parent/Guardian's Signature	Parent 2/Guardian's Signature (Optional)
Date	Date
Notary Signature:	

### **Medical Information**

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.) the tour director and chaperones should be aware of. Do you have any of the following:

Asthma Convulsions/seizures Respiratory problems Diabetes Bleeding problems High blood pressure Heart murmur/heart disease Depression disorder Sleep walking	Yes	No		
Please list all allergies:				
Date of last tetanus shot: Blood Type: Medications: List drug name ar	and dosage of r	- - medications yo	ou take regularly	
			<b>U</b> ,	
Note: This information is required		rance D		
(Full Name of Insured Youth)				
(Full Name of Beneficiary)		(Rela	tionship to Insured Youth)	
(Address of Beneficiary)		(City	v & State)	(ZIP Code)

## YOUTH TOUR – Consent for Liability and Publicity Release Form

READ THIS FORM COMPLETELY AND CAREFULLY AS THIS DOCUMENT IMPACTS IMPORTANT LEGAL RIGHTS.

I/We the undersigned parent(s) or guardian(s) of	(youth's full name)
give my/our consent for him/her to participate in Youth T Friday, June 23, 2023, sponsored by the Pennsylvania R	our from Sunday, June 18, 2023, through
I/We understand that this participation involves travel wit	hin and outside Pennsylvania and New Jersey.
I/We hereby release and agree to hold harmless PREA, associated organizations together with their heirs, successaction, claims, damages, costs, expenses, compensation loss or injury related to participation by my/our son/daugle Cooperative Youth Tour.  I/We hereby grant permission to PREA to use photograp of my/our son/daughter for publicity purposes related to the second control of the second	ssors, or assigns from any and all causes of n, personal injury, property loss, or any other nter during his/her participation in the Electric ohs, likenesses, and/or videotape images
Signed at,	, this
day of,	(day)
Parent/Guardian's Signature	Parent 2/Guardian's Signature (Optional)
Date	Date

# YOUTH LEADERSHIP CONFERENCE – Consent for Medical Treatment, Liability and Publicity Release

READ THIS FORM COMPLETELY AND CAREFULLY AS THIS DOCUMENT IMPACTS IMPORTANT LEGAL RIGHTS.

I/We the undersigned parent(s) or guardian(s) of	(youth's full name)
give my/our consent for him/her to participate in the You through March 31, 2024, sponsored by the National Ru I/We understand that this participation involves travel w	outh Leadership Conference from June 1, 2023, and Electric Cooperative Association (NRECA).
times my/our son/daughter may be traveling and/or part supervision of a chaperone.	
I/We authorize and direct NRECA, through its staff and my/our son/daughter. I/We further request and authorize chaperones, to secure any medical or other emergency chaperones in their reasonable discretion may deem not during his/her participation in the Youth Leadership Correction.	e NRECA, through its staff and volunteer services the said staff and volunteer cessary or desirable for my/our son/daughter
I/We hereby release and agree to hold harmless NREC organizations together with their heirs, successors, or a damages, costs, expenses, compensation, personal injurelated to participation by my/our son/daughter during h Conference.	ssigns from any and all causes of action, claims, ury, property loss, or any other loss or injury
I/We hereby grant permission to NRECA to use photogrof my/our son/daughter for publicity purposes related to	
Signed at,	, this
day of(city)  (month) (year)	(day)
Parent/Guardian's Signature	Parent 2/Guardian's Signature (Optional)
Date	Date

#### **Social Media Contract for Youth Tour Participants**

Name:	Cooperative:
and others, are powerful tools personal reputation as well as	ook, Twitter, Instagram, Snapchat, YouTube, personal texting, of communication that can have significant impact on your the reputations of the cooperative you are representing, the ssociation (PREA) and the National Rural Electric Cooperative
accountability to use social me representative of PREA on the	must read and sign this contract acknowledging personal edia responsibly as a cooperative representative, and a e NRECA Youth Tour. Please adhere to the following rules and ocial media sites while on Youth Tour or thereafter concerning
you think the information attached, can last a life known and how that make friends, the reputation of information you place of a job for years after You hashtag, make a life and though and dignity for all peoperative.  In the information of	e honest about your identity. If you post personally or use a take sure you are being a positive representative of your d NRECA Youth Tour.  I media while on Youth Tour, you will not be disrespectful,
be required to remove all post leaders their social media site	oropriate use of social media sites, including electronic text, may its in question from social media sites, be required to show tour is when asked, be sent home at the expense of their parent(s), ons that may be appropriate or required based on the
These guidelines and rules ar degree of misuse of social me	re non-negotiable and the consequences are dependent on the edia.
Parent Signature(s)	Date:
Student Signature	Date:

### its

Rules/Guidelines Contract for Youth Tour Participant
Name: Cooperative:
You were selected by your sponsoring cooperative to join the Pennsylvania/New Jersey Rural Electric Youth Tour because you have measured up to the highest standards of leadership and conduct. You will be serving as representatives of the National Rural Electric Cooperative Association (NRECA) and Pennsylvania Rural Electric Association (PREA) and its member cooperatives from the time you leave until the time you return from Washington, D.C. You have a responsibility to yourself, and to others, to conform willingly and cooperatively with our very reasonable expectations.
You, along with your parent/guardian, must read and sign this contract acknowledging the rules and guidelines as a cooperative representative, and a representative of PREA and NRECA on Youth Tour.
Please adhere to the following rules and guidelines while on Youth Tour.
<ul> <li>Be punctual. If possible, be a little ahead of time.</li> <li>Travel in groups of three or more.</li> <li>Talking/texting on a cellphone is discouraged during scheduled tour activities.</li> <li>You will be required to participate in all planned activities of the entire Youth Tour and may not be excused from such participation except for good and sufficient reason and approval of the tour director.</li> <li>You will be required to wear your name badge at all tour functions.</li> <li>You must be in your room at the Hyatt at times designated by the tour director. You are not to leave your room after this hour except with special permission of the tour director and/or chaperone and escorted by a chaperone.</li> <li>You are not permitted to leave the grounds of the Hyatt.</li> <li>You are expected to conduct yourself respectfully and professionally.</li> <li>If you see or hear something that compromises the safety of those attending Youth Tour or the integrity of the program, say something to the tour director or a chaperone.</li> </ul>
If a violation is detected of the rules listed below, you are subject to immediate dismissal from the group and will be returned home at your family's personal expense:
<ul> <li>Alcoholic beverages, including beer and wine, are strictly prohibited on Youth Tour.</li> <li>Use of illegal drugs, as prohibited by federal law, is strictly prohibited on Youth Tour.</li> <li>No smoking, tobacco use or vaping is permitted on the tour.</li> <li>Criminal or illegal activities are forbidden and punishable by law.</li> <li>No harassment of any sort.</li> <li>You must strictly adhere to the terms of the social media contract.</li> <li>Male and female students are NEVER allowed to be in a hotel room together.</li> </ul>
Infraction of these rules governing the conduct of Youth Tour will be considered as cause for reprimand or termination of your participation and you will be returned home at your family's personal expense.
These guidelines and rules are non-negotiable and the severity of the consequences are dependent on the degree of violation.
Parent Signature(s)  Date:

Student Signature\_\_\_\_\_\_Date: