

Student Information

Please print or type.

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

Electric Cooperative: _____

Name: _____
(First) (Middle) (Last)

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

Address: _____
Street/P.O. Box/R.D. Box

City, State, Zip, County

Home Phone: _____ Cellphone: _____

Your Email Address: _____

Sex: _____ Age: _____ Date of Birth: _____ T-Shirt Size: _____
(M or F) (MM/DD/YY)

Congressman: _____

Representative in the U.S. House – Pennsylvania should be one of the following: U.S. Rep. Mike Kelly, U.S. Rep. Scott Perry, U.S. Rep. G.T. Thompson, U.S. Rep. Bill Shuster, U.S. Rep. Tom Marino, U.S. Rep. Lou Barletta, or U.S. Rep. Keith Rothfus; New Jersey – U.S. Rep. Josh Gottheimer

Parent(s)/Guardian(s) – List the *full names* of your natural parents, step-parents, and/or legal guardians:

Father: _____ Cellphone: _____

Home Phone: _____ Work Phone: _____

Mother: _____ Cellphone: _____

Home Phone: _____ Work Phone: _____

Stepfather: _____ Cellphone: _____

Home Phone: _____ Work Phone: _____

Stepmother: _____ Cellphone: _____

Home Phone: _____ Work Phone: _____

Legal Guardian(s): _____ Cellphone: _____

Home Phone: _____ Work Phone: _____

With whom do you live? _____

School Information

High School: _____

School Address: _____

Grade Point Average: _____ Major Study Interest: _____

Career Goal: _____

List activities you have participated in and any special honors you have received during high school, such as class officer, plays, music, athletics, etc.:

Activity	Years	Remarks

Please list any public speaking experience you may have: _____

List extracurricular activities and years of involvement, including 4-H, church, community and service clubs, etc.:

Activity	Years	Remarks

List any other activities, special interest or hobbies: _____

List your local newspapers, dailies and weeklies, names, addresses and websites: _____

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

Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Convulsions/seizures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Respiratory problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Bleeding problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
High blood pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Heart murmur/heart disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Depression disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Sleep walking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

Please list all allergies:

Date of last tetanus shot: _____

Medications: List drug name and dosage of medications you take regularly

Insurance Data

Note: This information is required for the Accidental Insurance Coverage.

(Full Name of Insured Youth)

(Full Name of Beneficiary)

(Relationship to Insured Youth)

(Address of Beneficiary)

(City & State)

(Zip Code)

YOUTH TOUR – Consent for Medical Treatment, 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 Tour from Sunday, June 11, 2017, through Friday, June 16, 2017, sponsored by the Pennsylvania Rural Electric Association (PREA).

I/We understand that this participation involves travel within and outside Pennsylvania and New Jersey.

I/We authorize and direct PREA, through their staffs and volunteer chaperones, to direct and supervise my/our son/daughter. I/We further request and authorize, PREA 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/our son/daughter during his/her participation in Youth Tour.

I/We hereby release and agree to hold harmless PREA, 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/our son/daughter during his/her participation in Youth Tour.

I/we hereby grant permission to PREA to use photographs, likenesses, and/or videotape images of my/our son/daughter for publicity purposes related to this activity.

Signed at _____, _____, this _____
(city) (day)

day of _____,
(month) (year)

Mother's Signature

Father's Signature

Date

Date

Notary Signature: _____

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 Youth Leadership Conference from June 1, 2017, through March 2, 2018, sponsored by the National Rural Electric Cooperative Association (NRECA). I/We understand that this participation involves travel within and outside _____, and that at
(your state)
times my/our son/daughter may be traveling and/or participating in activities without the direct supervision of a chaperone.

I/We authorize and direct NRECA, through its staffs and volunteer chaperones, to direct and supervise my/our son/daughter. I/We further request and authorize NRECA through its 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/our son/daughter during his/her participation in the Youth Leadership Conference.

I/We hereby release and agree to hold harmless NRECA, its 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/our son/daughter during his/her participation in the Youth Leadership Conference.

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

Signed at _____, _____, this _____
(city) (day)
day of _____,
(month) (year)

Mother's Signature

Father's Signature

Date

Date

Social Media Contract for Youth Tour Participants

Name: _____ Cooperative: _____

Social media, such as Facebook, Twitter, Instagram, Snapchat, YouTube, personal texting, and others, are powerful tools of communication that can have significant impact on your personal reputation as well as the reputations of the cooperative you are representing, the Pennsylvania Rural Electric Association (PREA) and the National Rural Electric Cooperative Association (NRECA).

Your parent/guardian and you must read and sign this contract acknowledging personal responsibility to use social media responsibly as a cooperative representative, and a representative of PREA on the NRECA Youth Tour. Please adhere to the following rules and guidelines when posting on Social Media sites while on Youth Tour or thereafter concerning Youth Tour.

- Think twice before posting. Privacy does not exist in the world of social media. Even if you think the information will disappear after a few hours, an image, with your name attached, can last a lifetime. Consider what could happen if a post becomes widely known and how that may reflect on your reputation, the reputation of your family and friends, the reputation of your cooperative, PREA and NRECA. Moreover, the information you place online could jeopardize your future when applying to college or for a job for years after Youth Tour.
- Always be authentic. Be honest about your identity. If you post personally or use a Youth Tour hashtag, make sure you are being a positive representative of your cooperative, PREA and NRECA Youth Tour.
- When posting on social media while on Youth Tour, you will not be disrespectful, disingenuous, inappropriate or offensive.
- Never pretend to be someone else when you post personally or as a Youth Tour representative.
- Be respectful and thoughtful. Youth Tour participants are committed to showing respect and dignity for all people and to the civil and thoughtful discussion of opposing ideas. Treat others the way you would like them to treat you on social media sites.
- Know the rules. Become familiar with the terms of service and policies of the social media sites and networks in which you participate and the appropriate code of ethics required for responsible online communications.
- If you have a question about something you want to post, please ask a tour leader.

Students who engage in inappropriate use of social media sites, including electronic text, may be required to remove all posts in question from social media sites, be required to show tour leaders their social media sites when asked or be sent home at the expense of their parent(s), or be subject to any other actions that may be appropriate or required based on the circumstances.

These guidelines and rules are non-negotiable and the consequences are dependent on the degree of misuse of social media.

Parent Signature(s) _____ Date: _____

Student Signature _____ Date: _____