



2020 YOUTH TOUR DELEGATE INFORMATION SHEET

*(fillable form – “save as” & rename file to include
first initial & last name – pg 1-2)*

STUDENT INFORMATION

First Name Middle Initial Last Name Nickname *(for name badge)*

Home Address *(including City, State and Zip Code)*

County/City of residence

Place of Birth

____ Male ____ Female

Date of Birth

E-mail Address

() _____
Cell Phone Number

Social Security Number *(unless born after June 10, 2000)*

T-Shirt Size *(Sm., Med. Lg, XL, XXL)*
male or female shirt

(required for admission to certain federal sites)

PLEASE NOTE: Students must have a government-issued photo ID for admission to some sites. For those without a driver's license, a local DMV can issue a photo ID for a small fee.

I AM A RISING _____ (SOPHOMORE, JUNIOR OR SENIOR)

AT _____ HIGH SCHOOL

ADDRESS OF HIGH SCHOOL

NAME OF ELECTRIC COOPERATIVE I AM REPRESENTING

NAME OF PARENT OR LEGAL GUARDIAN WHO IS A MEMBER OF YOUR SPONSORING COOPERATIVE

Student Information, page 2

Please provide a **high-resolution** “headshot” photo of yourself (email to your co-op contact: _____ or to dWASHINGTON@vmdaec.com). As needed, photos will be cropped to show just your face. No selfies please! We’ll use this to prepare our Youth Tour “Names & Faces” participant guide.

1. Tell us a little about yourself! Include school, civic and/or church organizations to which you belong, any special honors you have received, and your favorite hobbies or special interests. Feel free to add anything else you would like others to know about you!

2. What type of career(s) interest you at this point? If interested in a career in the energy industry, please let us know!

3. To help us stay in touch with current and past Youth Tour participants, please list the social media outlets you use regularly and be sure to include your “handle” or ID if you prefer us reaching out to you that way rather than via email:

4. Do you have any special needs or medication requirements that we should be aware of during the tour? If so, please detail below in addition to completing the NRECA Medical Information and Emergency Contact sheet.

Please submit pgs. 1 & 2 to your cooperative



PARENT /LEGAL GUARDIAN INFORMATION SECTION –

Name of Parent(s) or Legal Guardian(s)

Home Address, including City, State and Zip

Parent/Guardian E-mail Address

Parent/Guardian Phone Numbers (____) _____ (____) _____ (____) _____
Home Work Cell

2020 Youth Tour Permission Statement

I hereby grant permission for my (son/daughter) _____
(Name)

to represent _____ Electric Cooperative on NRECA Youth Tour, June 21-25 and sponsored by the Virginia, Maryland & Delaware Association of Electric Cooperatives (VMDAEC). I further authorize and direct the VMDAEC through its chaperones and Tour Director on said trip to direct and supervise our child. I understand my/our son/daughter will travel by car/bus from June 21-25, 2020 with chaperones from _____ Electric Cooperative and VMDAEC staff and that both photo and video images including him/her will be taken and posted on social media and photo sharing sites for possible use by their co-op, VMDAEC and NRECA in various publications and online outlets.

(Parent or Guardian Signature)

(Date)



**PARENT OR GUARDIAN MEDICAL PERMISSION FORM
2020 YOUTH TOUR**

I/We the undersigned parents or legal guardians _____
(Parent/Guardian Name)

desiring that our child, _____
(Name of Child)

shall have the opportunity to visit Washington, DC from June 21-25, 2020, sponsored by the Virginia, Maryland & Delaware Association of Electric Cooperatives (VMDAEC) do consent to our child taking such trip. It is understood that our child will travel by car and bus from June 21-25, 2020. Chaperones from _____ Electric Cooperative and VMDAEC will accompany the group on this trip.

We further authorize and direct the VMDAEC through its chaperones and Tour Director on said trip to direct and supervise our said child; and we further request and authorize the VMDAEC through its chaperones and Tour Director to secure any medical or other emergency services the said chaperones or Tour Director, in their reasonable discretion, may believe to be necessary or desirable for our child during such trip.

Dated this _____ Day of _____, 2020 _____
Parent/Guardian Signature

Street Address City, State, Zip

Email Address Home Phone Work Phone Cell Phone

Family Medical Insurance Policy Information:

Name of Company Policy Number

Named Insured (of family's health insurance policy) Relationship

*******Please attach a copy of both sides of medical card to this form*******



**YOUTH DELEGATE DESIGNATION OF BENEFICIARY
INSURANCE POLICY**

I, _____ of _____
Youth Delegate Name City, State & Zip

DO HEREBY DESIGNATE _____
Name of Beneficiary(ies)

Of, _____
Beneficiary Street Address City, State, Zip

I understand that this supplemental coverage will be in effect June 21-25, 2020, from the time the student leaves on the Youth Tour trip until he/she returns home.

(Student Signature) (Date)

The insurance policy covers the following if occurring during the Youth Tour:

- ◆ \$10,000 benefit for death or dismemberment
- ◆ \$10,000 Accidental Medical Expense Benefit (\$25 Deductible)
- ◆ \$1,500 Sickness Medical Expenses for injuries and illnesses (\$25 Deductible)
(e.g., colds, flu, diseases, broken bones, etc.).

***This is a supplemental policy to the medical plan in effect for the participant. All claims must first be filed with the individual's effective medical plan and any amount not covered under that plan can then be submitted to NRECA for payment.**

List any pertinent information we need to know about your child (medication, allergies, etc.) _____

Please submit these pgs. 3-5

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 21, 2020, through Thursday, June 25, 2020 sponsored by the Virginia, Maryland and Delaware Association of Electric Cooperatives (VMDAEC).

I/We understand that this participation involves travel within and outside Virginia, Maryland, and Delaware.

I/We authorize and direct VMDAEC, through their staffs and volunteer chaperones, to direct and supervise my/our son/daughter. I/We further request and authorize VMDAEC 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, and to otherwise proceed to care for my/our son/daughter in place of myself/ourselves as parents. I/We further release VMDAEC staffs, volunteer chaperones, or other professional person of any claim whatsoever on account of first aid or medical treatment or services rendered at the Youth Tour. In the event that my son/daughter is unable to consent to emergency medical treatment, I/we authorize and consent to emergency medical care to be given as the judgment of medical personnel dictate. I/We will provide necessary medical information, including allergies, preexisting medical conditions, and necessary medications, to the VMDAEC staffs or chaperones.

I/We hereby release and agree to hold harmless VMDAEC, NRECA, their Members, officers, members, staffs, and associated organizations and volunteer chaperones, together with their heirs, successors, or assigns from any and all causes of action, claims, damages, costs, expenses, compensation, personal injury, property loss, any other loss or injury, any and every demand, action or right of action, of whatever kind or nature, either at law or in equity, related to or arising out of participation by my/our son/daughter during his/her participation in the Youth Tour. I/we assume all risks associated with said participation.

I/we hereby grant free permission to VMDAEC and NRECA to use photographs, likenesses, and/or video images of my/our son/daughter for publicity purposes related to this activity, in all media, in whatever form, in perpetuity.

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

day of _____
(month) (year)

Mother's Signature

Father's Signature

Date

Date



NRECA YOUTH TOUR June 21-25 2020

HELPFUL INFORMATION FOR PARTICIPANTS & PARENTS

Once students have been selected to go to Washington, D.C., they will want to know "What should I take with me? What am I supposed to wear?" The following information will help answer these questions.

DATES OF TOUR: Youth Tour is Sunday, June 21 through Thursday, June 25, 2020. More than 43 other states and 1,700 other students and chaperones will take part in Youth Tour 2020, sponsored by the National Rural Electric Cooperative Association (www.NRECA.coop).

SPONSORS: You are part of the Virginia, Maryland & Delaware Association of Electric Cooperatives (VMDAEC) Youth Tour delegation. VMDAEC is a trade association for 15 electric cooperatives in these three states. Your cooperative pays student expenses and make arrangements for travel from their cooperative or home to VMDAEC offices in Richmond or the Hyatt Hotel in Washington and back again.

TRAVEL: Some of our delegation will be traveling from Richmond to Washington and back via bus. Some will be traveling to Washington via car and joining the group at the hotel and will then travel by bus until we depart to come home. We will retain the same bus for the duration of the Youth Tour.

LODGING: Our delegation will be staying at the **Hyatt Regency Crystal City, 2799 Jeff Davis Highway, Arlington, VA 22202**. The hotel's main phone number is **(703) 418-1234**. If you need to call the hotel to reach your son or daughter, you will need to leave a message as we are out of the hotel most of each day. Another option is to ask call the Youth Tour Office at **(703) 413-6808** and leave a message for your son/daughter or Andrew Vehorn, Youth Tour Director. Please indicate that you would like for your son or daughter (give their name and cooperative) to contact you as soon as they return to the hotel. Be sure to indicate when calling that your son or daughter is with the Virginia, Maryland & Delaware delegation. This will help NRECA relay your message to us while we are in Washington. The Youth Tour office will be staffed until 11:15 p.m. and messages are picked up when we return to the hotel. If it is an emergency, please indicate this when calling.

Students may share a room with up to two other delegates. It can be challenging to have multiple persons share a room, but we are only allowed a certain number of sleeping rooms for our group. Each delegate is asked to respect their roommates during the four nights in the hotel and help ensure everyone is ready to leave on time each morning. Chaperones will perform a room check each evening, with curfew no later than 11 p.m. Delegates may stay up after room check in the evening but must remain in their assigned room.

DRESS: The tour calls for casual attire and we will provide shirts for certain days, including Congressional visits on Wednesday, to be worn with khakis or dress pants. While this time of year in Washington is typically very hot, we suggest bringing a light jacket or sweater for the evening functions in case it gets cool. The most important item is comfortable shoes - **we will be doing a lot of walking during the tour.** Make sure to pack one good pair of walking shoes and sneakers or whatever you normally wear for casual times. The program schedule indicates the appropriate attire for each day and evening function. If a student is found to be in inappropriate clothing or shoes, they will be asked to make an alternate selection at the discretion of their chaperone.

RESIDENT NURSE: We'll have two resident nurses on duty in our hotel throughout Youth Tour week. For emergencies, Arlington Urgent Care Center, 1311 S. Fern St., Arlington, VA 22202 is open from 8 a.m. to 8 p.m. Monday – Saturday and 9 a.m. – 5 p.m. on Sunday. Students with medical condition(s) that we should be aware of or who are required take medications at specific times, are asked to let their cooperative chaperone know. If a student needs a nurse at any time during the tour, they should let their chaperone or a Tour Director know this.

CHAPERONES: Adult chaperones from your cooperative will accompany the youth delegates at all times during the tour. Andrew Vehorn and Dathie Washington are the Statewide Youth Tour Directors from VMDAEC. We are anticipating 56 youths this year and 19 full-time adult chaperones from the sponsoring cooperatives, plus Association staff. Furthermore, professional security guards are on duty on every hotel floor from 10:30 p.m. to 5:30 a.m. to ensure maximum security.

INFORMATION FOLLOWING “CODE RED” EVENT : Should a catastrophic event occur in Washington, D.C. during Youth Tour week, VMDAEC will contact the headquarters office of each participating cooperative to advise of the Youth Tour group's status, so please **contact your cooperative for more information** if you are not able to get through on one of the hotel phone lines: (703) 418-1234 Hyatt main desk or Youth Tour Office at (703) 413-6808. In the event of a “Code Red” situation, information will be posted at www.nreca.coop and updated as warranted.

INSURANCE: Accident insurance is provided by the sponsoring electric cooperative through NRECA and includes \$10,000 in benefits for death or dismemberment to help cover medical costs for injuries and illness occurring during the Youth Tour. It will not cover an accidental injury that occurred before the start of the Youth Tour. If an injury or illness requires hospitalization, the procedure to be followed is:

1. Get a copy of the bill from the hospital or clinic and email to Dathie Washington at the VMDAEC office at dWASHINGTON@vmdaec.com or mail to VMDAEC, 4201 Dominion Blvd, Glen Allen, VA 23060 so she can provide it to NRECA.
2. NRECA will work with the insurance company to make sure the bill is paid.
3. Chaperone will pick-up form from Youth Tour office to be used in filing a claim.
4. If you receive additional bills from the hospital, contact Dathie Washington and she will work with the hospitals or clinic to get claim paid (sometime this takes longer than expected.)

WHAT TO BRING WITH YOU: Students should bring any prescription medications in properly labeled containers, as well as a copy of their health care and prescription cards. They may also wish to consider bringing sunscreen and, if needed, braces or joint wraps to provide extra support.

When packing, please leave room in the suitcase to bring back mementos of the trip, including VMDAEC delegation t-shirts and other items.