

**2023 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

\_\_\_\_\_  
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](mailto: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

**2023 Youth Tour Permission Statement**

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

to represent \_\_\_\_\_ Electric Cooperative  
on NRECA Youth Tour, June 19-23 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  
19-23, 2023 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 2023 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 19-23, 2023 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 19-23, 2023. 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 \_\_\_\_\_, 2023 \_\_\_\_\_  
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 16-20, 2019, 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**