

2025 DELEGATE INFORMATION FORM



Name: _____
FIRST MIDDLE INITIAL LAST

Nickname/Preferred Name for Badge: _____

Address: _____
STREET, CITY, STATE & ZIP

Email: _____ Phone: _____
(123) 456-7890

Date of Birth: _____ Gender: _____ T-Shirt Size: _____
MM/DD/YYYY S, M, L, XL, 2XL, 3XL

Social Security Number: _____ Place of Birth: _____
123-45-6789 CITY, STATE

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

I am a rising _____ at _____
SOPHOMORE/JUNIOR/SENIOR NAME OF HIGH SCHOOL

School Address: _____
STREET, CITY, STATE & ZIP

My Electric Cooperative: _____

Name of parent or legal guardian: _____
PARENT/GUARDIAN MUST BE A MEMBER OF A SPONSORING COOPERATIVE

Please email a high-resolution "headshot" photo of yourself 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.

STATEWIDE CONTACT INFORMATION

Dathie Washington, Youth Tour Director
dWASHINGTON@vmdaec.com | (804) 297-3487

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:

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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.

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PARENT/GUARDIAN INFORMATION SECTION

Parent/Guardian Name: _____
FIRST MIDDLE INITIAL LAST

Address: _____
STREET, CITY, STATE & ZIP

Email: _____ Phone: _____
(123) 456-7890

I hereby grant permission for my son/daughter _____
to represent _____ Electric Cooperative on the 2025
NRECA Youth Tour, June 16-20, and sponsored by the Virginia, Maryland & Delaware
Association of Electric Cooperatives (VMDAEC). I further authorize and direct VMDAEC through
its chaperones and Youth Tour Director on said trip to direct and supervise our child.

I understand my/our son/daughter will travel by car/bus from June 16-20, 2025 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/GUARDIAN SIGNATURE

DATE MM/DD/YYYY

PARENT/GUARDIAN MEDICAL PERMISSION FORM

I/We the undersigned parents or legal guardians _____ desiring that our child, _____ shall have the opportunity to visit Washington, DC from June 16-20, 2025, 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 16-20, 2025.

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 _____, 2025.

PARENT/GUARDIAN SIGNATURE

Address: _____

STREET, CITY, STATE & ZIP

Email: _____

Phone: _____

(123) 456-7890

FAMILY MEDICAL INSURANCE POLICY INFORMATION

Insurance Company: _____

Policy Number: _____

Named Insured: _____

FIRST & LAST NAME

RELATIONSHIP

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

YOUTH DELEGATE DESIGNATION OF BENEFICIARY INSURANCE POLICY

I, _____ of _____
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, 2025, from the time the student leaves on the Youth Tour trip until he/she returns home.

STUDENT SIGNATURE

DATE MM/DD/YYYY

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.):

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 _____, give my/our consent for him/her to participate in the Electric Cooperative Youth Tour from Monday, June 16, 2025, through Friday, June 20, 2025, sponsored by the Virginia, Maryland & 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 _____ day of _____, 2025.
CITY STATE DAY MONTH

PARENT/GUARDIAN SIGNATURE

DATE MM/DD/YYYY

PARENT/GUARDIAN SIGNATURE (IF APPLICABLE)

DATE MM/DD/YYYY

2025 YOUTH LEADERSHIP COUNCIL (YLC) APPLICATION



STATE

Applicant Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Age: _____ Date of Birth: _____ Shirt Size: _____

Parent/Guardian Name(s): _____

Emergency Contact: _____
NAME RELATIONSHIP PHONE

City and Airport Closest to Your Home: _____

Approximate Driving Time to Airport: _____

Local Newspaper: _____
NEWSPAPER NAME

ADDRESS

Sponsoring Cooperative: _____

Address of Cooperative: _____

Phone: _____

STATEWIDE CONTACT INFORMATION

Dathie Washington, Youth Tour Director
dwashington@vmdaec.com | (804) 297-3487

SCHOOL INFORMATION

School Name: _____

School Address: _____

School Contact Information: _____
PHONE NUMBER FAX NUMBER

Name of Principal: _____

Current Grade Level: _____ GPA (on 4.0 scale): _____

Major/Study of Interest: _____

Career Goal: _____

Please list activities you have participated in and any special honors you have received during your high school attendance (e.g., class officer, plays/music/arts, athletics, etc.)

ACTIVITY/HONOR	YEAR(S)	REMARKS/NOTES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXTRACURRICULAR ACTIVITIES

Please list extracurricular activities and clubs you have participated in (e.g., FFA, FHA, church/community service clubs, science club, etc.)

ACTIVITY/CLUB	YEAR(S)	REMARKS/NOTES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any experience with public speaking:

Please list any writing experience (school newspaper, yearbook, etc.):

2025 YLC PERMISSION & MEDICAL RELEASE FORM



This form is required if your child plans to apply for one of the YLC positions representing Virginia, Maryland or Delaware.

We, the undersigned parents/guardians, desiring that our child _____ shall have the opportunity to participate as a member of the Youth Consulting Board of NRECA representing the State of _____ from June 16-20, 2025, do consent to our child participating in all activities and functions (including travel to and from conferences and meetings) related to the duties and responsibilities of the Youth Leadership Council.

We further authorize and direct any designated chaperones in their reasonable discretion to secure medical and/or other emergency services that the said chaperone may believe to be necessary or desirable for the Youth Consulting Board member during their time in office.

Signed at _____ , _____ **this** _____ **day of** _____ **2025.**
CITY STATE DAY OF MONTH MONTH

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Mailing Address: _____

Email Address: _____

Phone: _____
CELL/MOBILE HOME WORK

STATEWIDE CONTACT INFORMATION
Dathie Washington, Youth Tour Director
dwashington@vmdaec.com | (804) 297-3487



2025 ELECTRIC COOPERATIVE YOUTH TOUR HEALTH FORM

We're excited to have you joining us in Washington, D.C. for the 2025 Electric Cooperative Youth Tour sponsored by the National Rural Electric Cooperative Association and America's Electric Cooperatives.

If this Form is being submitted for a high school Youth Tour Delegate who has not reached the age of majority in his/her respective state, **this form must be completed and signed by a parent or legal guardian of the minor high school Youth Tour Delegate.**

- Youth Tour Delegates and their parents / guardians must read the health form and attest the information given is true and complete.
- Contact YouthPrograms@NRECA.coop or your state's Director with any questions.

Privacy Notice: *Your privacy is important to us. NRECA will only collect, use, distribute, or share the information collected in this 2024 NRECA Youth Tour Health Form (Form) for planning and initiating health protocols and providing appropriate medical care, as necessary for your health and safety as a Youth Tour participant. NRECA will not, and will not authorize any third party to, sell, lease, license, distribute, share, or otherwise use the information collected in this Form for any other purpose. NRECA and its affiliated co-ops and statewide associations may use the contact information collected during your youth tour participation to inform you about future opportunities sponsored by them. NRECA will not sell, distribute, use, or share your information collected in this form or any other with any third party; or use, share, sell, or distribute your information for any purpose other than to inform you about their sponsored opportunities. To update or delete your information post-event, please email YouthPrograms@NRECA.coop. Please be as honest and thorough as possible.*

2025 YOUTH LEADERSHIP COUNCIL (YLC) APPLICATION



STATE

Applicant Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Age: _____ Date of Birth: _____ Shirt Size: _____

Parent/Guardian Name(s): _____

Emergency Contact: _____
NAME RELATIONSHIP PHONE

City and Airport Closest to Your Home: _____

Approximate Driving Time to Airport: _____

Local Newspaper: _____
NEWSPAPER NAME

ADDRESS

Sponsoring Cooperative: _____

Address of Cooperative: _____

Phone: _____

STATEWIDE CONTACT INFORMATION

Dathie Washington, Youth Tour Director
dwashington@vmdaec.com | (804) 297-3487

SCHOOL INFORMATION

School Name: _____

School Address: _____

School Contact Information: _____
PHONE NUMBER FAX NUMBER

Name of Principal: _____

Current Grade Level: _____ GPA (on 4.0 scale): _____

Major/Study of Interest: _____

Career Goal: _____

Please list activities you have participated in and any special honors you have received during your high school attendance (e.g., class officer, plays/music/arts, athletics, etc.)

ACTIVITY/HONOR	YEAR(S)	REMARKS/NOTES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXTRACURRICULAR ACTIVITIES

Please list extracurricular activities and clubs you have participated in (e.g., FFA, FHA, church/community service clubs, science club, etc.)

ACTIVITY/CLUB	YEAR(S)	REMARKS/NOTES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any experience with public speaking:

Please list any writing experience (school newspaper, yearbook, etc.):

2025 YLC PERMISSION & MEDICAL RELEASE FORM



This form is required if your child plans to apply for one of the YLC positions representing Virginia, Maryland or Delaware.

We, the undersigned parents/guardians, desiring that our child _____ shall have the opportunity to participate as a member of the Youth Consulting Board of NRECA representing the State of _____ from June 16-20, 2025, do consent to our child participating in all activities and functions (including travel to and from conferences and meetings) related to the duties and responsibilities of the Youth Leadership Council.

We further authorize and direct any designated chaperones in their reasonable discretion to secure medical and/or other emergency services that the said chaperone may believe to be necessary or desirable for the Youth Consulting Board member during their time in office.

Signed at _____ , _____ **this** _____ **day of** _____ **2025.**
CITY STATE DAY OF MONTH MONTH

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Mailing Address: _____

Email Address: _____

Phone: _____
CELL/MOBILE HOME WORK

STATEWIDE CONTACT INFORMATION
Dathie Washington, Youth Tour Director
dwashington@vmdaec.com | (804) 297-3487

PARTICIPANT INFORMATION

Please be as honest and thorough as possible. This information is not intended to limit participation in the program.

The following form is being completed for a _____
DELEGATE OR CHAPERONE

Name:* _____
FIRST MIDDLE LAST

For this form, please write full legal name(s) as it appears on state-issued ID* **State: _____ **Date of Birth:** _____
MM/DD/YYYY

Email: _____ **Phone:** _____
(123) 456-7890

Sponsoring Cooperative: _____

Address: _____
STREET, CITY, STATE & ZIP

PARENT/LEGAL GUARDIAN CONTACT INFORMATION

Provide contact information for at least one parent/legal guardian.
If attending as a chaperone, please list at least one emergency contact.

Guardian Name: _____ **Phone:** _____
FIRST LAST (123) 456-7890

Address: _____ **Email:** _____
STREET, CITY, STATE & ZIP

.....
Guardian Name: _____ **Phone:** _____
FIRST LAST (123) 456-7890

Address: _____ **Email:** _____
STREET, CITY, STATE & ZIP

.....
Guardian Name: _____ **Phone:** _____
FIRST LAST (123) 456-7890

Address: _____ **Email:** _____
STREET, CITY, STATE & ZIP

Will the Youth Tour participant require regular medication (prescription, over-the-counter, inhaler, etc.) while attending Youth Tour? _____

Note: Youth Tour & NRECA Nursing Staff will not dispense prescription medications to Youth Tour participants.

Does the participant have food, drug, or other allergies? _____

Does the participant have any dietary restrictions or requirements? _____

Note: Food restrictions or requirements due to allergies, intolerances, diabetes, religious beliefs, or other.

Please select any medical issues that may require special consideration or care by the nurses and/or Youth Tour Staff:

- | | |
|------------------------|---|
| Anxiety issues | Depression |
| Sleep disorders | Blood pressure irregularities |
| Anemia | Clotting disorders |
| Heart Condition | Kidney / Liver dysfunction |
| Chronic lung disease | Seizure disorder |
| ADHD / ADD | Diarrhea / constipation / other GI issues |
| Skin conditions | Joint issues |
| Migraines | Pregnancy |
| Hard of hearing / Deaf | Condition requiring a wheelchair, crutches, or walker |
| Other / Not Listed | Recent surgery |

The participant has no known medical issue — listed above or otherwise — that will require special consideration or prevent them from participating fully in the Youth Tour program.

Please confirm this by selecting this option

NRECA and Youth Tour nurses, staff, chaperones and directors have permission to dispense over-the-counter medication to the participant if they deem it medically appropriate (ibuprofen, acetaminophen, heartburn relief, etc.).

Note: NRECA nurses are not responsible for dispensing prescription medications.

Yes No

Youth Tour is a high-energy week of touring, networking, and experiencing the best our nation's capital has to offer. Does the participant have any other issues (including medication needs not listed above) that may limit their full engagement in the program? If yes, please use the space below to explain. If no, please confirm by writing "No."

ACKNOWLEDGMENTS

Please complete all required fields below.

If the circumstances of the Youth Tour participant identified in this Form changes between the submission of this Form and Youth Tour, you must notify your state's Youth Tour Director regarding the change in circumstance as soon as possible, but no later than three (3) days prior to the start of Youth Tour.

If the circumstances of the Youth Tour participant identified in this Form changes, I will notify my state's Youth Tour Director regarding the change in circumstance as soon as possible, but no later than three (3) days prior to the start of Youth Tour.

Parent/Legal Guardian of Youth Tour Delegates and Staff, please read, check each box, complete the information below, and sign:

I attest the information above to be true and complete to the best of my knowledge.

I authorize NRECA and the statewide associations to use the information collected in this Form to provide care to me while attending the Youth Tour event as well as to develop appropriate safety protocols for the program.

I further authorize NRECA and the statewide associations to share information collected in this Form with Youth Tour chaperones, directors and nurses who have a need to know for the purpose of providing care to the Youth Tour participant identified in this Form.

I understand that to participate in Youth Tour, I must comply with all mandates and policies extended by NRECA, state and local governments, my statewide association, the venues, federal buildings, hotels, transportation systems, etc., involved in my Youth Tour experience, from the time I leave my home until I return.

I will also willingly and truthfully submit information regarding other changes that may have occurred regarding my health and participation status, including illnesses or injuries.

I understand that failure to adhere to any requirements or rules, including those listed here as well as those outlined or implied by NRECA staff, or staff of my statewide association, local electric cooperative, venues, public spaces, etc. will be viewed as noncompliance and I will be subject to removal from the program and returned home, at my family's expense, prior to the program completion.

I authorize NRECA and the statewide associations to use the information collected in this Form to contact me/my minor child about future Youth Program opportunities, if applicable.

Name: _____
FIRST LAST

Date: _____
MM/DD/YYYY

PARENT/GUARDIAN SIGNATURE

Relationship: _____