



United Power Washington D.C. Youth Tour

June 11 – June 17, 2010

Please complete the attached application. **Include with this application a letter that you wrote to your Congressman about a topic that you are passionate about.** Applications must be received by **February 1, 2010!**

Mail to:

Cindy Adam
United Power, Inc.
500 Cooperative Way
Brighton, CO 80603

or

Email to:

CindyA@unitedpower.com

or

Fax to:

(303) 637-1305

For questions about this application, please do not hesitate to call Cindy Adam at 303-637-1334.

For a trip overview, please visit http://www.crea.coop/youth_activities.htm#ElectricCooperative

Deadline February 1, 2010

Hobbies & Special Interests

Parent(s)/Guardian(s)

Father: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Mother: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Step-Father: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Step-Mother: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Legal Guardian(s): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

With whom do you live? _____

Medical Information

Please list any allergies for which you take medication, or any other medical condition for which medication would be needed for the trip. Also, please list any chronic or temporary medical conditions that the Tour chaperones should be aware of. Please note that this information will be used only for the purposes of the Youth Tour and will not be divulged for any other reason.

Medical Release & Publicity Form

I, the undersigned parent or guardian of

(full name)

give my consent for my student to participate in the Washington D.C. Youth Tour sponsored by our local electric cooperative, the Colorado Electric Educational Institute (CEEI), and the National Rural Electric Cooperative Association (NRECA), and that at times my student may be traveling and/or participating in activities without the direct supervision of a chaperone.

I authorize and direct CEEI and NRECA, through their staffs and volunteer chaperones, to direct and supervise my student. I further request and authorize CEEI and NRECA, 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 student while participating in the Washington D.C. Youth Tour.

I further give permission for CEEI, NRECA, or our local electric cooperative to use photographs, likenesses, and/or videotape images of my student for publicity purposes related to this activity.

Parent or Guardian's Signature

Date

Please Attach a Photocopy of the Front and Back of your Medical Insurance Card.

Code of Conduct

Please read these rules carefully. If these rules are broken you may be sent home at your PARENTS EXPENSE.

- You will be sharing a room with two other students. Please be considerate of your roommates.
- You may decide when to go to sleep each night, but you must be in your room by 11:00 p.m. and be on time each morning.
- Students are not allowed to leave the hotel premises without a chaperone.
- Male students are not permitted in female students' rooms, nor are female students permitted in male students' rooms. EVER!
- Smoking, alcoholic beverages, or illegal drugs are NOT allowed at anytime.
- Cell phones, I-Pods and other types of radio/music are not allowed to be used during Youth Tour activities. They may be used during free time.
- Participants must be clothed properly at all times.
- No destruction of property is allowed. Any damages incurred above and beyond normal wear and tear will be charged to the participant causing the damage.

I have read and understand the Code of Conduct. I understand that as a participant of the Washington D.C. Youth Tour I am a representative of my cooperative and must conduct myself appropriately at all times. I understand that I may be sent home, at my expense, from the Youth Tour if I do not comply with these policies.

Print Student's Name: _____

Student's Signature: _____

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Signature: _____

Date: _____

Check List

- _____ Students complete pages 1 and the top half of page 2
- _____ Parents complete the bottom of page 2, and page 3
- _____ Student and parents complete page 4 and 5
- _____ Attach a wallet size picture to this application
- _____ Attach a copy of your medical insurance card

Return this information to your local electric cooperative.