

# 2017 Washington Youth Tour

**Sunday June 11 – Thursday June 15, 2017**

**Instructions:** Please complete this application in its entirety and return no later than 4:30 p.m. Friday March 10, 2017 to:

Kevin Yingling

Delaware Electric Cooperative

P.O. Box 600

Greenwood, DE 19950

E-Mail: kevin@decoop.com Fax: 302-349-4840

NAME (Include Middle Initial):­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH/AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLACE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEE SHIRT SIZE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENTS CELL # & E-MAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT GRADE IN SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF GUIDANCE COUNSELOR: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS/GUARDIANS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS/GUARDIANS CELL #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DELAWARE ELECTRIC COOPERATIVE ACCOUNT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*\*Contact will be made via email regarding application questions, interview scheduling, etc.***\*\*\*

**SCHOOL ACTIVITIES:** List scholastic activities that you have participated in, any special awards or honors you have received, or offices you have held. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EXTRACURRICULAR ACTIVITIES:** List other activities in which you are involved, such as community service organizations, church groups and/or athletics. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CAREER GOALS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HOBBIES & SPECIAL INTERESTS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**WHY WOULD YOU MAKE AN AMAZING YOUTH TOUR PARTICIPANT?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For additional information or if you have questions, please contact:

Kevin Yingling

302-349-3120 or kevin@decoop.com

 

**PARENT****/LEGAL GUARDIAN INFORMATION SECTION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address, including City, State and Zip

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Parent/Guardian E-mail Address

Parent/Guardian Phone Numbers (\_\_\_\_)\_\_\_\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_\_\_\_\_

 Home Work Cell

# 2017 Youth Tour Permission Statement

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

 (Name)

to represent Delaware Electric Cooperative on the Youth Tour, June 11-15, 2017 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/we understand my/our son/daughter will travel by car/bus from June 11-15, 2017 with chaperones from Delaware 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**

# 2017 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 11-15, 2017, 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 11-15, 2017. Chaperones from Delaware 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 \_\_\_\_\_, 2017 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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 11-15, 2017, 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 ($25.00 Deductible)
* $1,500 Sickness Medical Expenses for injuries and illnesses ($25.00 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.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_