



DELAWARE ELECTRIC CO-OP
"We Keep the Lights On"

2019 Washington Youth Tour Sunday June 16 – Thursday June 20, 2019

Instructions: Please complete this application in its entirety and return no later than 4:30 p.m. Wednesday February 6, 2019 to:

Kevin Yingling
Delaware Electric Cooperative
P.O. Box 600
Greenwood, DE 19950
E-Mail: kevin@delaware.coop Fax: 302-349-4840

NAME (Include Middle Initial): _____

DATE OF BIRTH/AGE: _____ PLACE OF BIRTH: _____

TEE SHIRT SIZE: _____ SOCIAL SECURITY #: _____

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. _____

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

CAREER GOALS: _____

HOBBIES & SPECIAL INTERESTS: _____

WHY WOULD YOU MAKE AN AMAZING YOUTH TOUR PARTICIPANT? _____

For additional information or if you have questions, please contact:
Kevin Yingling
302-349-3120 or kevin@delaware.coop



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

2019 Youth Tour Permission Statement

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

to represent Delaware Electric Cooperative on the Youth Tour, June 16-20, 2019 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 16-20, 2019 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
2019 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 16-20, 2019, 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, 2019. 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 _____, 2018/2019 _____
Parent/Guardian Signature

Street Address City, State, Zip

Email Address Home 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 (\$25.00 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.) _____
