Student Information

Please print or type.

You will not be able to participate in Youth Tour until these forms have completed in entirety and returned to SCREC, P.O. Box 65, Forksville, PA 18616 OR sarahparrish@screc.com.

PREA and NRECA collect the following information to provide first aid and other medical treatments for students participating in Youth Tour and Youth Leadership Council. We reserve the right to refuse participation by your child if the information is not provided. The information collected will be kept by PREA and NRECA staff and will only be provided to medical staff in the case of an accident or emergency. This information is not shared or used for any other purpose. Some of the information contained in the form will be deemed a personal health record and, therefore, protected in accordance with certain federal requirements in addition to PREA's and NRECA's privacy policy.

Electric Cooperative: Sullivan County	Rural Electric Cooperative	
Full Name:		
Name (as you want it to appear on your	name badge):	
Full Address:		
Ilphone:Home Phone:		
Your NON-SCHOOL Email Address:		
Parent Email Address:		
Do you have a Real ID or Passport:	(please bring with yo	ou on the trip)
Sex: Age:	Date of Birth:	T-Shirt Size:
Congressional Representative:		
Parent(s)/Guardian(s) - List the full name	es of your natural parents, stepparen	its, and/or legal guardians:
Parent 1:	Cellphone:	
Home Phone:	Work Phone:	
Parent 2:	Cellphone:	
Home Phone:	Work Phone:	
Parent 3:	Cellphone:	
Home Phone:	Work Phone:	
Parent 4:	Cellphone:	
Home Phone:	Work Phone:	
Legal Guardian(s):	Cellphone:	
Home Phone:	Work Phone:	
With whom do you live?		

_	chool:			
School	Address:			
Grade	Point Average:	Major Study Int	erest:	
Career	Goal:			
	tivities you have particip s class officer, plays, m		ecial honors you have received	during high school
	Activity	Years	Remarks	
Please	list any public speaking	g experience you ma	ay have:	
List ex			ment, including 4-H, church, con	nmunity,
List ex	tracurricular activities a			nmunity,
List ex	tracurricular activities a rvice clubs, etc.:	nd years of involve	ment, including 4-H, church, con	nmunity,
List ex	tracurricular activities a rvice clubs, etc.:	nd years of involve	ment, including 4-H, church, con	nmunity,
List ex and se	tracurricular activities a rvice clubs, etc.: Activity	nd years of involve	ment, including 4-H, church, con	
List ex and se	tracurricular activities a rvice clubs, etc.: Activity	nd years of involve	ment, including 4-H, church, con	

YOUTH TOUR – Consent for Medical Treatment

READ THIS FORM COMPLETELY AND CAREFULLY AS THIS DOCUMENT IMPACTS IMPORTANT LEGAL RIGHTS.

I/We the undersigned parent(s) or guardian(s) of	(youth's full name)
give my/our consent for my/our child to participate through Saturday, June 20, 2026, sponsored by t	-
I/We understand that this participation involves tr	avel within and outside Pennsylvania and New Jersey.
my/our child. I/We further request and authorize I secure any medical or other emergency services	and volunteer chaperones, to direct and supervise PREA, through its staff and volunteer chaperones, to that staff and volunteer chaperones in their esirable for my/our child during their participation in
	medical care and treatment, when necessary, I/we providing medical care to our child in reliance of this ptance of my/our substitute caregiver's consent.
Please provide the name and phone number of the	ne best person to contact in the event of an emergency
Name:	Relationship to Student:
Emergency Phone Number:	
Parent/Guardian's Signature	Parent 2/Guardian's Signature (Optional)
(Date)	(Date)
State of	
County of	
Signed (or attested) before me on	(date)
by	·
(name(s) of individual(s))	
Signature of notarial officer	
Stamp	
My commission expires:	

Medical Information

Please list any chronic or temporary medical conditions (such as epilepsy, diabetes, etc.) the tour director and chaperones should be aware of. Do you have any of the following:

Asthma	Yes	No	
Bleeding problems	Yes	No	
Convulsions/seizures	Yes	No	
Depression disorder	Yes	No	
Diabetes	Yes	No	
Epilepsy	Yes	No	
Heart murmur/heart disease	Yes	No	
High blood pressure	Yes	No	
Respiratory problems	Yes	No	
Sleepwalking	Yes	No	
Please list all allergies:			
Date of last tetanus shot:	 		
Blood Type: _			
			osages of medications you take regularly, at would be needed for the trip (diabetes,
	Insura	ance D	ata
Note: This information is required for			
Note. This information is required to	I the Accident	ai ilisurance	Coverage.
(Full Name of Insured Youth)		<u> </u>	
,			
(Full Name of Beneficiary)		(Rela	tionship to Insured Youth)
(Address of Beneticiary)		/City	(ZIP Code)

YOUTH TOUR – Consent for 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	(youth's full name)
give my/our consent for him/her to participate in You Saturday, June 20, 2026, sponsored by the Pennsyl	uth Tour from Monday, June 15, 2026, through
I/We understand that this participation involves trave	el within and outside Pennsylvania and New Jersey.
I/We hereby release and agree to hold harmless PR associated organizations together with their heirs, su action, claims, damages, costs, expenses, compens loss or injury related to participation by my/our son/c Cooperative Youth Tour.	uccessors, or assigns from any and all causes of sation, personal injury, property loss, or any other
I/We hereby grant permission to PREA to use photo of my/our son/daughter for publicity purposes related	• .
Parent/Guardian's Signature	Parent 2/Guardian's Signature (Optional)
Date	Date

YOUTH LEADERSHIP CONFERENCE – Consent for Medical Treatment, Liability and Publicity Release

READ THIS FORM COMPLETELY AND CAREFULLY AS THIS DOCUMENT IMPACTS IMPORTANT LEGAL RIGHTS.

I/We the undersigned parent(s) or guardian(s) of	
0 1 ((youth's full name)
give my/our consent for him/her to participate in the You through March 31, 2027, sponsored by the National Ru I/We understand that this participation involves travel wit times my/our son/daughter may be traveling and/or partisupervision of a chaperone.	ral Electric Cooperative Association (NRECA). thin and outside, and that at
I/We authorize and direct NRECA, through its staff and my/our son/daughter. I/We further request and authorize chaperones, to secure any medical or other emergency chaperones in their reasonable discretion may deem needuring his/her participation in the Youth Leadership Control	e NRECA, through its staff and volunteer services the said staff and volunteer cessary or desirable for my/our son/daughter
I/We hereby release and agree to hold harmless NRECA organizations together with their heirs, successors, or as damages, costs, expenses, compensation, personal injurelated to participation by my/our son/daughter during his Conference.	ssigns from any and all causes of action, claims, iry, property loss, or any other loss or injury
I/We hereby grant permission to NRECA to use photograted of my/our son/daughter for publicity purposes related to	
Parent/Guardian's Signature	Parent 2/Guardian's Signature (Optional)
Date	Date

Social Media Contract for Youth Tour Participants

Name:	Cooperative:
Social media, such as Facebook, X (formerly personal texting, and others, are powerful to impact on your personal reputation as well as representing, the Pennsylvania Rural Electric Electric Cooperative Association (NRECA).	ols of communication that can have significant street the reputations of the cooperative you are
	0 0 1
you think the information will disappea attached can last a lifetime. Consider known and how that may reflect on you friends, the reputation of your cooperation information you place online could jee a job years after Youth Tour. • Always be authentic. Be honest about Youth Tour hashtag, make sure you a cooperative, PREA and NRECA Youth • When posting on social media while of disingenuous, inappropriate or offensite. • Any type of bullying is strictly prohibite. • Never pretend to be someone else where representative. • Be respectful and thoughtful. Youth Toto all people and to the civil and thoughthere way you would like them to treat you know the rules. Become familiar with media platforms and networks in whice ethics required for responsible online.	h Tour. on Youth Tour, you will not be disrespectful, ve. ed. nen you post personally or as a Youth Tour our participants are committed to showing respect phtful discussion of opposing ideas. Treat others ou on social media sites. the terms of service and policies of the social th you participate, and the appropriate code of
required to remove all posts in question from	ense of their parent(s), or be subject to any other
These guidelines and rules are non-negotiable the degree of misuse of social media.	ole, and the consequences are dependent on
Parent Signature(s)	Date:
Student Signature	Date:

Rules/Guidelines Contract for Youth Tour Participant
Name: Cooperative:
You were selected by your sponsoring cooperative to join the Pennsylvania/New Jersey Rural Electric Youth Tour because you have measured up to the highest standards of leadership and conduct. You will be serving as representatives of the National Rural Electric Cooperative Association (NRECA) and Pennsylvania Rural Electric Association (PREA) and its member cooperatives from the time you leave until the time you return from Washington, D.C. You have a responsibility to yourself, and to others, to conform willingly and cooperatively with our very reasonable expectations.
You, along with your parent/guardian, must read and sign this contract acknowledging the rules and guidelines as a cooperative representative, and a representative of PREA and NRECA on Youth Tour.
Please adhere to the following rules and guidelines while on Youth Tour.
 Be punctual. If possible, be a little ahead of time. Travel in groups of three or more. Talking/texting on a cellphone is discouraged during scheduled tour activities. You will be required to participate in all planned activities of the entire Youth Tour and may not be excused from such participation except for good and sufficient reason and approval of the tour director. You will be required to wear your name badge at all tour functions. You must be in your room at the hotel at times designated by the tour director. You are not to leave your room after this hour except with special permission from the tour director and/or chaperone and you must be escorted by a chaperone. You are not permitted to leave the grounds of the hotel. You are expected to conduct yourself respectfully and professionally. If you see or hear something that compromises the safety of those attending Youth Tour or the integrity of the program, say something to the tour director or a chaperone.
If a violation of the rules below is detected , you are subject to immediate dismissal from the group and will be returned home at your family's personal expense:
 Alcoholic beverages, including beer and wine, are strictly prohibited on Youth Tour. Use of illegal drugs, as prohibited by federal law, is strictly prohibited on Youth Tour. No smoking, tobacco use, or vaping is permitted on the tour. Criminal or illegal activities are forbidden and punishable by law. No harassment of any sort. You must strictly adhere to the terms of the social media contract. Male and female students are NEVER allowed to be in a hotel room together.
Infraction of these rules governing the conduct of Youth Tour will be considered as cause for reprimand or termination of your participation and you will be returned home at your family's personal expense.
These guidelines and rules are non-negotiable, and the severity of the consequences are dependent on the degree of violation.
Parent Signature(s) Date:

Student Signature______Date: