





*Colorado Electric Education Institute*

*Cooperative Youth Leadership Camp*

## MEDICAL INFORMATION

Please list any allergies for which you take medication or any other medical condition for which medication would be needed during camp. Please list any chronic or temporary medical conditions that the camp chaperones should be aware of. This information will be used only for the purposes of camp and will not be divulged for any other reason.

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### Medical Release

I, the undersigned parent or guardian of \_\_\_\_\_  
(Student's Full Name)

give my consent for my student to participate in the Colorado Electric Educational Institute (CEEI) Cooperative Youth Leadership Camp sponsored by CEEI and my local rural electric cooperative.

I authorize and direct CEEI through their staffs and volunteer chaperones to direct and supervise my student and to secure any medical or other emergency services the said staff and volunteer chaperones in their reasonable discretion may deem necessary or desirable for my student while participating in the CEEI Cooperative Youth Leadership Camp.

Family Medical Insurance Policy or Group Number: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s) or Guardian(s) Signature

**Please attach a photocopy of the front and back of your medical insurance and prescription cards.**



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**PERSONAL INFORMATION  
QUESTIONNAIRE AND APPLICATION**

(Please print or type – use additional paper as necessary.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  Male  Female

Parent(s) or Guardian(s) Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

T-Shirt Size: S M L XL XXL

Name and address of Electric Cooperative:

\_\_\_\_\_

**Please attach a wallet size picture to this application.**

List special activities in which you have participated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What offices have you held in organizations? What honors have you received?

\_\_\_\_\_

What are your plans for the future? \_\_\_\_\_

\_\_\_\_\_

What are your hobbies, talents or special interests? \_\_\_\_\_

\_\_\_\_\_

Why would you like to participate in CEEP's Cooperative Youth Leadership Camp?

\_\_\_\_\_



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**PERSONAL INFORMATION**

(Please print or type)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  Male  Female

Parent(s) or Guardian(s) Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

T-Shirt Size: S M L XL XXL

Name and address of Electric Cooperative:

\_\_\_\_\_

**Please attach a wallet size picture to this application.**

