

Camper Information Form

Please type or print clearly. Please complete ALL requested information

1. My full LEGAL name: _____
2. I would like my name tag to read: _____
3. Address: _____
City: _____ State: _____ Zip: _____
4. My email address: _____ My cell phone number: _____
5. My date of birth (month/day/year): _____ Gender: Male Female
6. I am a: Sophomore Junior Senior at (name of school): _____
7. List special activities you participate in: _____

8. What organizational offices have you held? What honors have you received? _____

9. Please tell us your favorites...
Movie: _____
Hobby: _____
School Subject: _____
T.V. Show: _____
Music: _____
Book: _____
Talent: _____
10. What are your future plans? _____

11. My shirt size (circle one): Small Medium Large XL 2XL 3XL
12. Name of cooperative you are representing: _____

Please enclose a wallet size picture with this application.

Also, email a good-quality picture (jpg or png) to al@wheatlandrea.com

If you need additional room to write, please use the back of this form or a separate piece of paper.

Parental Release/Consent for Treatment of a Minor

Form must be accompanied by a copy of the front and back of your insurance and prescription card

We, the undersigned parents or guardians, desiring that our child, _____, shall have the opportunity to participate in the Colorado Electric Educational Institute's (CEEI) Youth Leadership Camp, do hereby consent to our child taking such a trip.

We further authorize and direct that CEEI Youth Leadership Camp, through its adult chaperones, to direct and supervise our child; and further request and authorize the Youth Leadership Camp, through its adult chaperones, to secure any medical or other emergency services, and/or treatments the adult chaperones, in their individual discretion, believe to be necessary or desirable for our child during this trip. The expense of such treatment will be borne by me, the parent or guardian.

We also agree that our child will be expected to respect and obey the rules and regulations of the Youth Leadership Camp. The Youth Leadership Camp director shall have complete discretion to determine whether a participant has violated the rules and regulations, and the Youth Leadership Camp director may send a participant home at the expense of the parent or guardian.

To the fullest extent permitted by law, the participant and his/her parents (or guardians) do hereby release, indemnify, defend and hold harmless the CEEI Youth Leadership Camp, CEEI and CEEI's affiliated companies, partners, successors, assigns, legal representatives, officers, directors, employees and agents for, from and against any and all claims, liabilities, fines, penalties, costs, damages, losses, liens, causes of action, suits, demands, judgments and expenses of any type whatsoever arising out of or resulting from the participant's participation in the CEEI Youth Leadership Camp. All participants in the CEEI Youth Leadership Camp assume all risks associated with their participation in the Youth Leadership Camp.

Parent/Legal Guardian Signature: _____

Address, City, State, Zip: _____
(used to bill insurance)

Home Phone _____ Business Phone _____ Mother's Cell Phone _____ Father's Cell Phone _____

Physician's Name: _____ Phone Number: _____

Family Medical Insurance Policy Company: _____ Policy Number: _____

(If you do not have insurance, please write NONE in the blank.)

Medical Information

List any allergies for which you take medication, or any other medical condition for which medication would be needed for the camp (i.e. diabetes, car sickness, etc.) Also, please list any chronic or temporary medical conditions (such as epilepsy, diabetes, broken arm, etc.) of which the Youth Leadership Camp director and chaperones should be aware:

(circle one)

Food Allergies	Yes	No	Details:
Asthma	Yes	No	Details:
Convulsions/Seizures	Yes	No	Details:
Respiratory Problems	Yes	No	Details:
Diabetes	Yes	No	Details:
Bleeding Problems	Yes	No	Details:
High Blood Pressure	Yes	No	Details:
Heart Murmur/Heart Disease	Yes	No	Details:
Hyperactivity/Depression Disorder	Yes	No	Details:
Gluten Intolerant	Yes	No	Details:
Vegetarian	Yes	No	Details:

Other Medical Information: _____

Remember: If you take daily or even occasional prescription medications, be sure to bring enough for the camp with you in the original prescription bottle.

Information and Photo Release

Father: _____ Email: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Mother: _____ Email: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Step-Father: _____ Email: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Step Mother: _____ Email: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Legal Guardian(s): _____ Email: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
With whom do you live? _____

Photo Release Form

I hereby consent to the photography of my minor child, _____, (child's name) and the recording of his/her voice and the use of those photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage. I further consent to the reproduction and/or authorization by Colorado Youth Leadership Camp to reproduce and use said photographs and recordings for use in all domestic and foreign markets.

I hereby release Colorado Youth Leadership Camp and any of its member cooperatives, their trustees, directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of any kind on account of such use.

(Printed Name of Parent/Guardian)

(Signature of Parent/Guardian)

Rules and Regulations

- Alcoholic beverages, smoking and illegal drugs are not permitted at any time.
- Students and ambassadors are not allowed to enter the cabins of the opposite sex.
- Students and ambassadors must have prior approval of the camp director before inviting guests to the seminar.
- Students and ambassadors are not allowed to leave the area without prior approval from the camp director.
- Students and ambassadors must attend all camp sessions. If you are ill and cannot attend a session, notify your small group leader and camp director.
- Pool, hot tub and spa rules and hours are posted and will be obeyed. No chemicals of any type, including shampoo or soap, are to be added to the pool or hot tubs. Counselors will be assigned lifeguard watch during pool time.
- Students and ambassadors will observe the quiet time after 10:00 p.m. and must be in their cabins by the curfew time per each day’s agenda.
- Unless prior written approval is obtained from parents or guardians, all students and ambassadors must return home by the same means of transportation in which they arrived.
- The restaurant and alcoholic bar facilities are off limits to students and ambassadors.
- Participants must be clothed properly at all times.
- Keep your cabin neat, clean and orderly.
- Students and ambassadors may not change cabins without the approval of the camp director.
- Students and ambassadors will report to and travel with the counselor(s) they arrived with during field trips. If a counselor did not bring you to camp, please see the camp director.
- Wear your name badges during camp time and on all tours.
- Cell phones, I-Pods and other types of radio/music are not allowed during camp activities. They may be used during free time.
- 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.
- Be considerate of your cabin mates!

I have read and understand the Rules and Regulations. I understand that I am a representative of my cooperative and must act appropriately at all times. I understand that I may be sent home, at my expense, from the Youth Leadership Camp if I do not comply with these policies.

Print Student’s Name: _____

Student’s Signature: _____ Date: _____

Print Parent’s/Guardian’s Name: _____

Parent’s/Guardian’s Signature: _____ Date: _____

Rafting Release Form

Bucking Rainbow Outfitters High Adventures Participant Release of Liability - Please Read Before Signing

In consideration of being allowed to participate in the sport of rafting, river running, fishing, hunting, camping, snowmobiling back country skiing, hiking and climbing with *Bucking Rainbow Outfitters High Adventures, LLC*, program related events and activities, I _____, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, and risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from negligence of the releases of others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I for myself and on behalf of my heirs, assign personal representative and next of kin, hereby release, indemnify, and hold harmless the *Bucking Rainbow Outfitters High Adventures, LLC*, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“releases”), with respect to any and all injury, disability, death or loss or damage to person or property, whether arising from negligence of the releases or otherwise, to the fullest extent permitted by law. I willingly admit to *Bucking Rainbow Outfitters High Adventures, LLC*, any physical or medical conditions past or present (example: pregnancy, past history of heart disease or any handicap that would affect participation):

Participant

I have read this release of liability and assumption of risk agreement, and fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily with inducement.

Participant’s Signature: _____ Age: _____ Date Signed: _____

Address: _____ Phone: _____

Parents/Guardians of Participant

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all releases, and for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to the minor child’s involvement or participation in these programs as provided above, **even if arising from the negligence of the releases**, to the fullest extent submitted by law.

Parent/Guardian’s Signature: _____ Date Signed: _____

Emergency Phone: _____