Cooperative Youth Leadership Camp July 15 – 20, 2023

Application Deadline: January 25, 2023

Please complete the attached application and return by mail or email to:

United Power Inc. Attn: Julie Stewart 500 Cooperative Way Brighton, CO 80603 Email: jstewart@unitedpower.com



For questions about this application, please contact Julie Stewart at 303-637-1334.



Colorado Electric Educational Institute

Cooperative Youth Leadership Camp

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: Zip:							
4.	My email address: My cell phone number:							
5.	My date of birth (month/day/year):Gender:MaleFemale							
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.	10. What are your future plans?							
_								
11.	11. My shirt size (circle one): Small Medium Large XL 2XL 3XL							
12.	12. Name of cooperative you are representing:							

Please enclose a wallet size picture with this application.

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 Pol	icy Company:	Policy Number:					
	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:
Gluten Intolerant	Yes	No	Details:
Vegetarian	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:
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.

Father:		_Email:
		Cell Phone:
Mother:		_Email:
		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?		

Information and Photo Release

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.

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 camp.
- 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. Shirts and shoes must be worn at all times. No inappropriate t-shirts or short-shorts (above the tips of your fingers when standing straight with arms hanging by your side) will be permitted.
- 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, their assigned travel group during field trips. You will be assigned to your travel group prior to the first field trip. Advise your counselor if you are prone to motion sickness when riding a bus.
- 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!

Print Student's Name:

• Students who cancel their participation less than 60 days prior to the camp may be billed the entire cost of the trip if an alternate cannot be found.

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.

Student's Signature:	_Date:			
Print Parent's/Guardian's Name:				
Parent's/Guardian's Signature:	Date:			