2025 North Dakota Lineworkers and Electricians Parent or Guardian Permission Form, Medical and Media Release Form

*Participant's Home Address and Email are required. Do not use school information.

Participants Name					Date of E			Age	
Home Address		City			State		Zip Code		
Home Telephone Cell Pho		Cell Phor	ne Emai ^l		l Address			T-Shirt Size	
Parents 'Guardians' Name			Parents' Phone Medical Ir		surance Co.	Policy Number			
Known Allergies			Last Tetanus Received			Medication Currently Taking			
History of (Please circ Heart Condition D	iabetes	Asthm	,	Rheum		Other – explain: Yes If yes –	explain:		
In the event we are	unable	to reach	n Parent / Guar	dian, _l	olease list no	earest relative a	nd famil	y physician.	
Relative Name Relative		Phone Physic		sician Name		Physician Phone			
School you Regularly Attend			School Address			City		State	
School Phone	Scl	hool Administrator				Grade Entering Fall 2023			
Sponsor	Sp	onsor ac	ddress			Sponsor Phone Number			
MEMBER OBLIGATION While attending any Line be such as to reflect cree	eworkers					ny attitude, condu	ct and ap	pearance will	
Signature of Participant				Signature of Parent / Guardian					

PARENT/GUARDIAN OBLIGATION

mlandis@ndarec.com

Please circle to attest that your student is:	Under the age of 18	Over the age of 18
I, the parent/guardian of the above named stud for the 2025-2026 Lineworkers/Electricians progremmer's room to ensure that students adhere of an emergency, I do voluntarily authorize medical information. I agree to indemnify and hold hard assistants and designees for any and all claims, behalf of the above-named person arising from good faith and according to accepted medical states.	gram. I authorize adult ad to policies established by lical services to be adminis judgment and in accordar mless the Career and Tech demands, actions, rights o or on account of said prod	visors/chaperone's to routinely check the local school district. In the event stered and/or obtained for the above- nce with the above confidential nical student Organizations and/or of action, or judgments by or on
	Signature of Pa	arent/Guardian
MEDIA PERMISSION We authorize the Lineworkers / Electrician Progression distribute for publication the above member's recompetition. Examples would include printed prime will addresses, phone numbers or personal	name and/or picture and a publications, social media,	ny results of leadership activities OR web pages, radio, etc. (Note: At no
Signature of Participant	Signature of Pa	arent/Guardian
When completed please return to:		
Melinda Landis		
North Dakota Association of Rural Electric Coop 3201 Nygren Dr, NW	eratives	
Mandan, ND 58554		