Nebraska Rural Electric Association Youth Energy Leadership Camp
Participation Form/Health Statement

Nebraska Rural Electric Association
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This form is needed to assist in identifying appropriate care. Any changes to this form should be provided to NREA camp personnel upon the participants arrival at camp. Please provide **complete** information and return it to your member system by June 5, 2026.

Please print or type

Name of Sponsoring Rural Electric System | Camper e-mail address | Cell Phone

First Name of Camper | Middle Initial | Last Name

Street Address | City | State | Zip

Age | Date of Birth | Male/Female | Current Grade | T-shirt size

Emergency Contacts

Parent/Guardian | Day Phone | Night Phone

Street Address | City | State | Zip

Secondary Contact | Day Phone | Night Phone

Street Address | City | State | Zip

Parent/Guardian Authorization/Release of Liability

I hereby give permission to the medical personnel and/or physician selected by the camp to order x-rays, routine tests, treatment; and/or hospitalization: to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for the person named above. The health history is correct as far as I know and the person herein described has permission to engage in all camp activities except as noted. I have read and support the Youth Energy Leadership Camp Code of Conduct. In addition I hereby release the Nebraska Rural Electric Association, its officers, members and associated organization from any and all action, causes of action, claims, damages, costs, expenses, compensation, personal injury, property loss or any other loss or injury incurred by the participant during Youth Energy Leadership Camp, July 20-24, 2026.

Parent/Guardian Signature:_____ Date:_____

I further give permission for NREA or our public power district or electric cooperative to use photographs, likenesses, and/or videotape images of my student for publicity purposes related to this activity.

Parent/Guardian Signature:_____ Date:_____

Camper Agreement/Regulations/Code of Conduct

I have read the Youth Energy Leadership Camp Regulations/Code of Conduct and I agree to abide by the expectations.

Camper Signature:_____ Date:_____

- over -

Insurance/Physician Information

Insurance Company _____ Policy Group Number _____

Name of Insured _____ Relationship to Camper _____ Insurance I.D. Number _____

Health History Information

General Questions: Please explain any 'yes' answers below, noting the question number. Use another sheet if necessary.

	YES	NO
1. Had any recent injury, illness, or infectious disease?	_____	_____
2. Have a chronic or recurring illness or condition?	_____	_____
3. Been hospitalized/had surgery within the past 2 years?	_____	_____
4. Have frequent headaches?	_____	_____
5. Ever had a head injury and/or been knocked unconscious?	_____	_____
6. Ever passed out, been dizzy, and/or had chest pain during or after exercise?	_____	_____
7. Had heart related problem? - (high/low blood pressure, shortness of breath, murmurs, etc)	_____	_____
8. Had muscular/skeletal problems? - (arthritis, hernia, recent fractures, back/ joint problems)	_____	_____
9. Had stomach/intestinal problems? - (ulcers, jaundice, indigestion, diarrhea/constipation)	_____	_____
10. Have any skin problems? - (itching, rash, acne)	_____	_____
11. Have diabetes or hypoglycemia?	_____	_____
12. Have asthma?	_____	_____
13. Had mononucleosis in the past 12 months?	_____	_____
14. Ever had seizures?	_____	_____
15. Ever had frequent ear infections?	_____	_____
16. Wear glasses, contacts or protective eyewear?	_____	_____
17. Have an orthodontic appliance being brought to camp?	_____	_____
18. Have problems with sleepwalking?	_____	_____
19. If female, have an abnormal menstrual history?	_____	_____
20. Ever had an eating disorder?	_____	_____
21. Ever had emotional difficulties for which professional help was sought?	_____	_____

_____

_____

_____

Allergies

Please list all known allergies and any reactions and management of the reaction.

_____

_____

Medications Being Taken

Please list all medications taken routinely. Include all over the counter or non-prescription drugs. Keep all medications in the original bottle/packaging that identifies the prescribing physician (for prescription drugs), the name of the medication, the dosage, and frequency of administration. Attach more sheets as necessary.

Can your child be given aspirin or tylenol? _____ Yes _____ No

Med #1: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Other Information

Please use this space and/or attach additional sheets to provide any information about the student's behavior and physical, emotional or mental health about which the camp should be aware.

_____

_____

_____