

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.

Participant Name		DOB		Age	Shirt Size
Home Address	City		State		Zip
Home Phone	Cell Phone		Email		
Parent/Guardian		Parent Email			Parent Phone
Known Allergies	Last Tetanus Received		Medications Currently Taking		
History of (Please circle) Heart Condition Diabetes Asthma Epilepsy Rheumatic Fever Other – explain:					
Any physical restrictions or other conditions (Please Circle) No Yes If yes – explain:					
In the event we are unable to reach Parent/Guardian, please list nearest relative and family physician.					
Relative Name		Relative Phone		Physician Name	
Physician Phone Number					
Current School	Address		City	State	Zip
School Phone	School Administrator			Grade Entering Fall 2025	
Sponsor	Sponsor Address			Sponsor Phone Number	

MEMBER OBLIGATION

While attending any Lineworkers / Electricians function, I will make sure that my attitude, conduct and appearance will be such as to reflect credit to my school, community, sponsor and family.

Signature of Participant

Signature of Parent / Guardian

PARENT/GUARDIAN OBLIGATION

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 student do hereby grant permission for him/her to attend activities for the 2025-2026 Lineworkers/Electricians program. I authorize adult advisors/chaperone's to routinely check member's room to ensure that students adhere to policies established by the local school district. In the event of an emergency, I do voluntarily authorize medical services to be administered and/or obtained for the above-named person as deemed necessary in medical judgment and in accordance with the above confidential information. I agree to indemnify and hold harmless the Career and Technical student Organizations and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above-named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards.

Signature of Parent/Guardian

MEDIA PERMISSION

We authorize the Lineworkers / Electrician Program, Bismarck Public Schools and Bismarck State College to distribute for publication the above member's name and/or picture and any results of leadership activities OR competition. Examples would include printed publications, social media, web pages, radio, etc. (Note: At no time will addresses, phone numbers or personal information be published.)

Signature of Participant

Signature of Parent/Guardian

When completed please return to:

Melinda Landis
North Dakota Association of Rural Electric Cooperatives
3201 Nygren Dr, NW
Mandan, ND 58554
mlandis@ndarec.com