

## 2024 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 Birth	Age
Home Address		City	State	Zip Code
Home Telephone	Cell Phone	Email Address		T-Shirt Size
Parents 'Guardians' Name		Parents' Phone	Medical Insurance Co.	Policy Number
Known Allergies		Last Tetanus Received	Medication 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:				
<b>In the event we are unable to reach Parent / Guardian, please list nearest relative and family physician.</b>				
Relative Name		Relative Phone	Physician Name	Physician Phone
School you Regularly Attend		School Address	City	State
School Phone	School Administrator		Grade Entering Fall 2023	
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

