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		ne Email		Address			T-Shirt Size	
Parents 'Guardians' Name		Parents' Phone Medic		Medical In	cal Insurance Co.		Policy Number	
Known Allergies		Last Tetanus Received		Medication Currently Ta		aking		
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 Physician Nar		sician Name		Physic	Physician Phone	
School you Regularly Attend			School Address			City		State
School Phone	Scl	School Administrator				Grade Entering Fall 2023		
Sponsor	Sp	Sponsor address				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

Bismarck, ND 58501

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 2024-2025 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 abovenamed 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 Pa	rent/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 Par	rent/Guardian						
When completed please return to:								
Kent Ellis								
Bismarck Career Academy 1221 College Drive								