

## 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 2024	
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 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 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:

Kent Ellis  
Bismarck Career Academy  
1221 College Drive  
Bismarck, ND 58501