

2026 CHELCO Youth Tour Application

Please print legibly

Student Name: _____ T-shirt size: _____ Age: _____ Gender: _____
High School: _____ School contact: _____
School contact phone #: _____ School contact email: _____
Name you wish to be called: _____ Contact preference: Call ___ Text ___ E-mail ___
Student cell Phone: _____ **Student** E-mail: _____
Address: _____
Parent or Guardian(s): _____ **Parent** Contact Cell phone: _____

Major study interest: _____

School Activities: _____

Community Activities (church, Volunteer, etc.): _____

Hobbies/Extra Curricular Activities: _____

Awards/Accomplishments: _____

About you (Family or anything you think is interesting): _____

CHELCO Youth Tour

Parental Consent and Publicity Release Form

I/We the parent(s) or guardian(s) of _____ give my/our consent for him/her to participate in the CHELCO Youth Tour trip to Tallahassee, Florida, February 4-5, 2026.

I/We authorize and direct CHELCO through the cooperative staff and/or employee chaperones to direct and supervise my/our son/daughter. We further request and authorize CHELCO through the cooperative staff and/or employee chaperones to secure any medical or other emergency services deemed necessary or desirable for my/our son/daughter during his/her participation in the Youth Tour trip to Tallahassee.

I/We hereby release and agree to hold harmless CHELCO, their officers, members, staffs and associated organizations together with their heirs, successors, or assigns from any and all causes of action, claims, damages, costs, expenses, compensation, personal injury, property loss or any other loss or injury related to participation by my/our son/daughter during his/her participation in the CHELCO Youth Tour program.

I/We hereby grant permission to CHELCO to use photographs, likenesses and/or videotaped images of my/our son/daughter for publicity purposes related to this activity.

Signed: _____

Date: _____

(Parent or Guardian)