

ARIZONA TEENAGE REPUBLICANS

Teen Reps July D.C. Trip Permission Form 2025

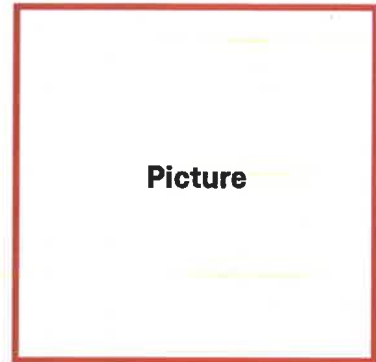
Name: _____ Age: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Cell #: _____



Parent Name(s): _____

Parent Cell # (s): _____

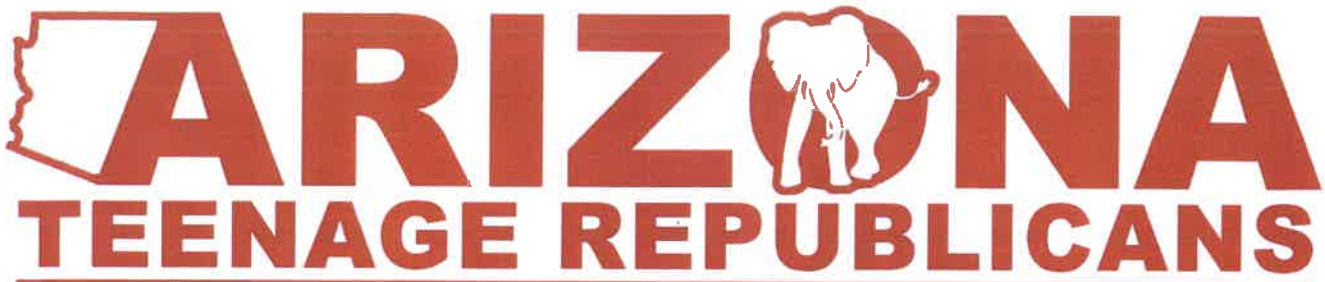
Office Held: _____ Name of Teen Club Chairman: Troy Holderby

National Director & State Teen Club Advisor: Mrs. Sandy Money Email: sandynmoney@gmail.com

Do you have any health conditions that may require special attention? Yes No

If yes, please comment: _____

<p>National Training 2025 Tuition</p> <p>Includes stay at the hotel, all meals, metro rails, activity fees and conference materials.</p>	<p>If Advisors/Parents attending National Training want their own room they will need to pay the extra cost. Teens that have parents & siblings attending may sleep in the same room with parents/sibling.</p>
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Liability Release Waiver

2025 - Applicant must be 13-19 years of age

I acknowledge National Teen Age Republicans (National TeenReps) is a National Teenage Republican Leadership Conference from July 7-12, 2025, on the condition that each of the individuals who elect to participate in the conference release AZ State Teenage Republicans, directors, volunteers, from any claim of liability arising out of participation in the Conference.

I am the parent or legal guardian of the youth participant and hereby consent to the participation of my child or ward pursuant to the terms of the Release. I acknowledge that the nature of the Conference has been fully explained to me to my satisfaction and that I have had the opportunity to ask questions before signing the Release. My participation in the Conference is strictly voluntary.

As an inducement to National TeenReps for sponsoring and conduction this Conference, I hereby assume full responsibility *in the unlikely event* of any injuries or other losses that my child may suffer because of the participation in the Conference, regardless of the cause of the injury or loss.

I understand that National TeenReps is relying on this Release, and I agree to be legally bound by it.

Teen Republican Participant Signature

Parent/Guardian

Please Print Name

Please Print Name

Date

Date

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- Dress to meet w Legislators and Capitol Hill Tours should be smart business attire. When site-seeing and visiting museums, eating, etc, you can wear business casual.
(No flip-flops, t-shirts, tank tops, camisoles, strapless, or miniskirts. You will not be allowed to go unless properly dressed).
- Name tags are to be worn at all times.
- If you lose your room key, name tag, meal tickets or any personal property, you should tell the Conference Director (Sandy Money) or Teen Staff immediately.
- No one is permitted to leave the Hotel Complex without permission from the Conference Director.
- Curfew will be at 11:00 p.m. unless otherwise notified.
- Everyone is expected to attend all sessions. Help us start on time! Please be prompt.
- Absolutely no smoking, drinking, or taking drugs in hotel rooms. If you break the rules you could be sent home. We don't expect anyone in this group to be disciplined.
- Rooms are to be kept in order. They will be checked before departing for the airport to travel home.
- In hotel rooms, males are not permitted in designated female rooms nor are females permitted in designated male rooms. Teen Reps are welcome to congregate in the Teen Hospitality Room – or sit in the hallway of our floor.
- If you become ill, please advise the staff at once.
- A Security Guard will be on duty after curfew. Please show him the respect he deserves.
- No one is allowed to leave Capitol Hill during our visit nor are adults allowed to take groups of TeenReps away from the designated area under any circumstances. National Teen Training is a structured Conference with a set program and does not allow time for unscheduled sight-seeing/tours in different parts of Washington, DC. We will visit many museums and events to keep your interests.
- It is proper etiquette to address Members of Congress as “Senator”, “Congressman” or “Congresswoman”.
- If asking a speaker, a question please stand, give your name and state of residence, and then your question.

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My Information:

Name: _____ DOB: _____

Insurance Company: _____

Policy Number: _____

Emergency Contact:

Name: _____

Cell Number: _____

Medical Information: (Please complete all fields)

Allergies: _____

Asthma: _____ Diabetes: _____ Epilepsy: _____

Medications: _____

Will student be in charge of medication? ____ Yes ____ No If not, who will? _____

Special Diet Required: _____

Any other medical conditions/problems: _____

Any other pertinent information information/suggestions: _____

Should students be restricted from any type of type of activity ? ____ Yes ____ No If yes please explain:

(If student is taking medications on a regular basis, please supply in labeled prescription containers.)

Medical Permission Release:

The undersigned parent/guardian of _____ authorizes National TeenAge Republicans (TeenReps) to obtain medical care for the above-named individual in the event of an emergency while the individual is in attendance at the National Teen Leadership Conference, July 7-12th, 2025. If possible, the parent/guardian of the above-named individual will be contacted if/when such care is necessary. Permission is hereby granted to any licensed physician or accredited medical facility and its associates to perform any medical and/or surgical procedures that are deemed essential for the treatment of the above-named individual.

TAR Participant Signature: _____ Parent/Guardian: _____

Participant Print Name: _____ Parent Print Name: _____

Date: _____ Date: _____

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Deadlines for the National Teen Leadership Training July 7-12,
2025

___ Sell 20 Raffle Tickets to be approved to attend National Training. If you sell 20 more tickets, that total of \$500 will go towards your tuition fees. You can also do other forms of fundraising to earn money.

___ Be in a leadership position on the State Board or Chapter Board.

___ Be active monthly, with the Teen events/election needs/serving others in your Chapter/State.

___ A deposit of \$50 is due to hold your place for the DC Training on March 1st .

___ A payment of \$100 is due April 1st.

___ Your Tuition balance is due May 15th.

Thank you!

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My Information: *(please print clearly)*

Name: _____

Cell #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Signature: _____ Date: _____

Reagan National Airport (DCA) is the official conference airport. A shuttle will be provided to those TeenReps who fly into/out of it.

Arrival:

Once you are picked up at the airport or arrive at the hotel, you are part of the conference and will not be allowed to leave.

I will arrive on _____ (day of week), _____ (day of month) at _____ (time) AM/PM by:

Plane

Please Check Airport: Reagan National (DCA) Dulles (IAD)

Airline: _____ Flight #: _____

Departure:

I will depart on _____ (day of week), _____ (day of month) at _____ (time) AM/PM.

Please Check Airport: Reagan National (DCA) Dulles (IAD)

Airline: _____ Flight #: _____