



Participant Application Form

Please fill out all information completely. If a question does not apply to you, write N/A (“not applicable”).

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

What school do you go to? _____ Public Private Charter

What grade are you in? 9th 10th 11th 12th

Birth Date: (MM-DD-YY) ~~

Gender: Female Male

Race/Ethnicity (please check all that apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> African | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> African American | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> White/European | <input type="checkbox"/> Decline to State |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American | <input type="checkbox"/> Other White | |

Language Skills (please check all that apply)

English

- Not Fluent (do not speak, non-native speaker etc.) Somewhat Fluent (speak language somewhat well) Fluent (speak very well, native speaker, etc.)

Spanish

- Not Fluent (do not speak, non-native speaker etc.) Somewhat Fluent (speak language somewhat well) Fluent (speak very well, native speaker, etc.)

Armenian

- Not Fluent (do not speak, non-native speaker etc.) Somewhat Fluent (speak language somewhat well) Fluent (speak very well, native speaker, etc.)

Other

- Not Fluent (do not speak, non-native speaker etc.) Somewhat Fluent (speak language somewhat well) Fluent (speak very well, native speaker, etc.)

Why Pasadena Youth Radio?

1. How did you hear about Pasadena Youth Radio? (Check all that apply.)

- Friend – Please tell us their full name: _____
 Teacher/Counselor School Presentation Website Radio Program Other: _____

2. Have you ever participated in a youth radio or journalism class or program before? YES NO

If YES, Where? _____ When? _____

3. Why does Pasadena Youth Radio interest you?

4. What do you hope to learn about at Pasadena Youth Radio?

5. Which of the following computers and software do you feel comfortable working with? (Check all that apply.)

- PC MAC Microsoft Word Microsoft Excel iMovie Photo Shop
 Other: _____

6. Do you use the internet? YES NO

If YES you use the internet, how do you use it? (Check all that apply.)

- Homework Research Entertainment Web design Other: _____

7. What type of music do you like?

8. Briefly, list some important topics or current issues that you feel are important to teens, people of your heritage, or yourself.

9. Please indicate any special accommodations you may require in order to participate?



Medical Release Form

Please print clearly and complete all information.

Should it be necessary for my child to have medical treatment while participating in any Youth Radio program activities, I hereby give permission to program staff to use their judgment in obtaining medical services for my child. I give permission to the physician to exercise her/his judgment in providing appropriate medical services.

(Please make sure that your child has their medical cards and insurance membership information so that they are prepared in case of an emergency.)

Participant Information

Name of Participant

Home Number

Alternate Number/Cell Number

Address

City

Zip Code

Date of Birth

Parent/Guardian Information

Name of Mother/Guardian

Signature

Telephone Number

Alternate Number/Cell Number

Email

Name of Father/Guardian

Signature

Telephone Number

Alternate Number/Cell Number

Email

Other Information

Please list any special medical concerns or conditions of which we should be aware:



Parental Permission Slip

Please print clearly and complete all information.

Student's Name: _____ Birth Date: _____

Address: _____

City/Zip: _____

Parent/Guardian Name: _____

Home Phone: _____ Message Phone: _____

Emergency Contact Name and Phone: _____

Does the student have any chronic illnesses? Yes No

If yes, please explain:

Does the student require any special medications? Yes No

Name of Family Physician: _____ Phone: _____

Special Instructions: _____

I, _____, hereby give permission for _____
(please print parent/guardian name) (student's name)

to participate in the 2007 Pasadena Youth Radio program to be held from February 14 to April 25
at Waverly School, 67 West Bellevue, Pasadena.

The class will take place every Wednesday, from 3:45 – 5:45 pm. There will be no class during spring break.

I affirm and acknowledge that I accept complete liability for my child, and furthermore that I waive any and all liabilities against Pasadena Youth Radio and the Waverly School. I understand that safety precautions will be adhered to, but accidents can happen. In the event of an accident, I give permission for medical treatment to be administered to my child.

I affirm and acknowledge that if my child violates any of the "Rules of Conduct", I will be responsible for any expenses incurred on behalf of my child and that my child will be sent home at his/her own expense.

Guardian's Signature

Date