

What is your past radio, media, writing, or journalism experience?

What are 3 things that you want to learn or gain through the apprenticeship?

Please describe a story idea that you would like to pursue with Philly Youth Radio. What are you trying to find out? What's the conflict and story about? Who would you interview? What kinds of sounds would you gather?



**Asian Arts Initiative
Youth Arts Workshop Program
Thur. 3:30-6pm
Registration Form (page 1)**

(Asian Arts Initiative Use Only)
Date Received: ___ / ___ / ___

GENERAL STUDENT INFORMATION

Student's Last Name	First Name	Middle Name	Age
School			Grade

Student ID #	Date of Birth ___ / ___ / ___
Student's Home Address	Zip Code

Student's Home Phone # ____ - ____ - ____	Student's Cell Phone # ____ - ____ - ____
Student's E-mail Address	

DEMOGRAPHIC INFORMATION

Student's Race-Ethnicity (Check all that apply) <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian or Pacific Isl. <input type="checkbox"/> Latino <input type="checkbox"/> Native American <input type="checkbox"/> No Answer <input type="checkbox"/> Other: _____
Student's Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No Answer <input type="checkbox"/> Other: _____

MEDICAL INFORMATION

Health Concerns / Issues	Allergies
Medical & Dietary Needs in case of emergency	Medical Conditions
Medications currently being taken by Student	
Special instructions in case of emergency (Please attach separate sheet if necessary)	

DISMISSAL INFORMATION

<input type="checkbox"/> My child is allowed to walk home	<input type="checkbox"/> My child will be picked up daily
Print Parent/Guardian's Name	Relationship to Student
Parent/Guardian's Signature	Date

(More questions on back side)



Youth Arts Workshop Afterschool Program
Thur. 3:30-6pm
Registration Form (page 2)

EMERGENCY CONTACT INFORMATION

Father/Guardian's Name	Relationship to Student
Work Phone #	Cell Phone #
E-mail Address	<input type="checkbox"/> I check my e-mail frequently
Mother/Guardian's Name	Relationship to Student
Work Phone #	Cell Phone #
E-mail Address	<input type="checkbox"/> I check my e-mail frequently
Emergency Contact Person #1	Phone #
Emergency Contact Person #2	Phone #

PERMISSION

I authorize the following for my child:

- _____ To participate in Asian Arts Initiative's afterschool and weekend programs
- _____ To receive first aid / emergency medical care if necessary
- _____ To participate in field trips to museums, parks, etc.
- _____ To participate in evaluation activities of the program
- _____ To have her/his likeness and/or voice to be recorded for any use by television, films, radio, web pages, or printed media to further Asian Arts Initiative's Program in related campaigns, articles, booklets, posters, and in any other way they see fit.

I hereby authorize officials of the School District of Philadelphia to release my child's educational records (limited to: standardized tests, graduation and promotion information, grades, credits, attendance information, school status and copies of report cards) only to Asian Arts Initiative. This consent will last until I/my child is no longer enrolled in an Asian Arts Initiative-sponsored activity or until I rescind this consent in writing.

I understand that this information will not be provided to any entity other than those indicated above. I understand that a record will be maintained in my child's educational records, indicating that the information was provided. I understand that I may acquire a copy of this record, as well as of any records provided to Asian Arts Initiative, from the Philadelphia School District.

I hereby release and fully discharge Asian Arts Initiative from all claims, liabilities, obligations, causes of action, or demands that I or my administrators, executors, heirs, and assignees may have or obtain due to or as a result of personal bodily harm sustained or suffered as a result of any field trips or program activities.

Print Parent/Guardian Name	Relationship to Student
Parent/Guardian Signature	Date