



MEDIA & STORYTELLING REGISTRATION

Ages 11-17 | Tuesday, September 8, 2026

ONLY 10 SPOTS

Please complete one form per participant. Submission does not confirm placement. YEP will contact the parent/guardian regarding acceptance, schedule details, and next steps.

PARTICIPANT INFORMATION

Participant Full Name *

Preferred Name

Date of Birth *

Age *

School

Current Grade

Home Address *

City / State / ZIP

Participant Email (if applicable)

PARENT / GUARDIAN INFORMATION

Parent / Guardian Full Name *

Relationship *

Primary Phone *

Email *

Alternate Phone

Preferred Contact Method

EMERGENCY CONTACT

Emergency Contact Name *

Relationship

Emergency Phone *

Alternate Phone



MEDIA & STORYTELLING REGISTRATION

Interests, support needs, and permissions

STARTS SEPT. 8

INTERESTS AND EXPERIENCE

Areas of interest (check all that apply):

- | | |
|---|---|
| ☐ Video Production | ☐ Photography |
| ☐ Interviewing | ☐ Digital Storytelling |
| ☐ Podcasting / Audio | ☐ Editing |
| ☐ On-Camera Presenting | ☐ Behind-the-Scenes Production |

What would the participant most like to learn or create?

Prior experience is not required. If applicable, describe any experience:

HEALTH, ACCESSIBILITY, AND SAFETY

Allergies, medical conditions, accessibility needs, or accommodations YEP should know about:

Authorized pickup person(s), if applicable:

PARENT / GUARDIAN PERMISSIONS

Please review and check:

- ☐ I give permission for my child to participate in the YEP program.
- ☐ I agree to receive program updates by phone, text, or email.
- ☐ YES - I permit YEP to photograph/record my child for program and promotional use.
- ☐ NO - I do not permit promotional photo/video use of my child.

Emergency care: If I cannot be reached during an urgent situation, I authorize YEP to contact emergency services. I understand that I remain responsible for medical decisions and costs.

Parent / Guardian Signature

Date

YEP Staff Use: Date Received / Status / Notes