



699 Ranstead St. Street  
Philadelphia PA 19106  
T 267 639 5481  
E [info@phillycam.org](mailto:info@phillycam.org)  
  
phillycam.org

# Youth Membership FORM

### Top 5 reasons why you should join the Youth Tech Lounge:

1. Make and share your own media that promotes creative expression, forward thinking and community participation.
2. Create media for our channel which can be viewed on Comcast Cable 66/966 or Verizon Fios 29/30.
3. Make new friends and learn new skills. We offer workshops, internships and other media making opportunities for ages 13-18.
4. State-of-the-art technology at your fingertips. You will have access to video editing software and production equipment.
5. The Youth Tech Lounge is a safe space with a supportive community of peers that will encourage you to have your voice heard!

In order to participate in activities you must be a PhillyCAM member. The student membership fee is \$15 which expires 12 months after signup date. The Tech Lounge is a creative space for all. Please inquire about PhillyCAM's work exchange program if the student membership fee causes a financial hardship. For more information contact [Ariel@phillycam.org](mailto:Ariel@phillycam.org)

## Youth Information

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/FI \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_ School Name: \_\_\_\_\_

What sounds the coolest? *(Check all that apply)*

Video Production Workshops       Drop-in Wednesday's  
*(Create your own media at your own pace in our Tech Lounge)*

Audio Production Workshops       Photography Workshops

TV Studio Workshops       Design Workshops

Do you have previous production experience? *(Check all that apply)*

Video    Graphic Design    Photography    Audio    Other  
*(Things too cool for words)*

Have you attended other after-school youth media programs? If so, where?  
 \_\_\_\_\_

If you have previous experience tell us where we can view your awesome work?  
 \_\_\_\_\_

## Youth Programs at PhillyCAM

PhillyCAM is a nonprofit community media center that operates a public access television channel. Our Youth Tech Lounge is an open creativity lab that brings together the youth of Philadelphia to make and share media that promotes creative expression, forward thinking and community participation. We offer workshops, internships and other media making opportunities to Philadelphia residents ages 13-18 years old.

We won't only teach students awesome media making skills like storyboarding, studio production and video editing but also how to put their creativity to good use to better our community and beyond. Upon successful completion of projects students will have the opportunity to broadcast their work on PhillyCAM's public access channel.

### Parent or Legal Guardian Information

Relationship to Applicant: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/FI \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-mail: \_\_\_\_\_

In case of an emergency what is the best way to contact this person?:

Home Phone  Cell Phone  E-mail

Secondary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for my child to leave PhillyCAM premises to purchase food/snacks without adult supervision:

Yes  No

**SAFETY INFORMATION** (Please list all known conditions so we can accommodate your child's needs.)

*To privately discuss this information feel free to call or email [Ariel@phillycam.org](mailto:Ariel@phillycam.org)/267-639-5481*

Does your child have any medical conditions, allergies, or special needs that PhillyCAM staff should know about?

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Does your child have any behavioral issues that PhillyCAM staff should know about?

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#### STANDARD APPEARANCE RELEASE

##### PARENTAL CONSENT:

As parent/guardian of \_\_\_\_\_ I hereby give my permission for my child to attend and participate in the activities at PhillyCAM. I authorize PhillyCAM to use any video images, photographs, audio recordings, that may be taken of said child while participating in activities at PhillyCAM, for educational or promotional distribution by PhillyCAM.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

Received:

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