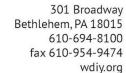**WDIY88.1**
LEHIGH VALLEY PUBLIC RADIO [n|p|r]

301 Broadway
Bethlehem, PA 18015
610-694-8100
fax 610-954-9474
wdiy.org

WDIY's YOUTH MEDIA PROGRAM
APPLICATION FORM

Name _____   Date _____

School _____   Grade _____

Phone _____   Email _____

How did you hear about this program?   Online [ ]   Social Media [ ]   Teacher [ ]   Friend [ ]   Other [ ]

Briefly describe any writing, journalism, and/or radio experience you have:

_____

_____

Why are you interested in joining WDIY's Youth Media Program?

_____

_____

_____

Briefly describe any other experience you have had that would make you a strong candidate for WDIY's Youth Media Program:

_____

_____

Do you have reliable transportation to and from the WDIY Studios? _____

Please list any time constraints: vacation, sports, school activities? When and how often?

_____

WDIY 88.1 FM is operated by the Lehigh Valley Community Broadcasters Association, a charitable organization as defined by section 501(c)(3) of the Internal Revenue Code.
The official registration statement and financial information of the Association may be obtained from the PA Dept. of State by calling toll free 800-732-0999. Registration does not imply endorsement.

WDIY-FM Youth Media Activities

Permission Slip

_____ agree to indemnify, defend, and hold

(printed name of legal guardian)

harmless WDIY-FM, its officers, agents, employees, directors, representatives, succors, and assigns

from and against all claims, liabilities, and damages arising from or relating to the participation of

_____ to, from, and during his/her

participation in the WDIY Youth Media Program.

_____   _____

(printed name of youth)   (date)

_____   _____

(signature of legal guardian)   (date)

WDIY Youth Media Student
Emergency Contact Form

PLEASE PRINT

Student Name: _____

Home Address: _____

                  Street Address   City   State   Zip code

Home Phone: _____ Cell Phone: _____ E-mail: _____

Emergency Contacts

Primary person to be notified in case of an emergency:

Name**:** _____ Relationship: _____

Home Address: _____

                  Street Address   City   State   Zip code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Secondary person to be notified in case of emergency:

Name**:** _____ Relationship: _____

Home Address: _____

                  Street Address   City   State   Zip code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Are you allergic to anything?   _____ No   _____ Yes:

Please list all allergies: _____

Are you taking any medication we should be aware of?   _____ No   _____ Yes:
_____

Please list any other health concerns that you think we should be aware of:

_____