



Richmond Youth Media Program Referral Form

7660 Minoru Gate, Richmond, BC V6Y 1Z2

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Legal Name: Preferred Name:	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other: _____
Date of Birth:	Phone Number:
Email:	Address:
Parent/Guardian Name: Contact Number and/or Email:	Emergency Contact Name (Relationship to youth): Emergency Contact Number:
School:	
Extracurricular Activities (Hobbies, School Clubs, Sport Teams, General Interests, etc...):	
Media Arts Interests: <input type="checkbox"/> Broadcasting/Journalism/Podcast/Live Streaming <input type="checkbox"/> Sound Engineering/Mixing <input type="checkbox"/> Music Production/DJ <input type="checkbox"/> Video Production <input type="checkbox"/> Digital Art:Illustration/Graphic Design <input type="checkbox"/> Game Development	<input type="checkbox"/> Photography <input type="checkbox"/> Web Design/UX/UI <input type="checkbox"/> Animation:2D/3D/Motion Graphics <input type="checkbox"/> 3D Design <input type="checkbox"/> Mixed Media Arts <input type="checkbox"/> Interactive Media Arts: AR/VR/AI Engineering <input type="checkbox"/> Other _____
Relevant Background History (Mental Health/Developmental Diagnosis, Lived Experiences, Support/Access Needs, Housing Situation, Identities):	
Is the youth accessing any other agencies? (Foundry, Touchstone, STRETCH, etc...)	
Medical Information (Allergies, Medication, Medical Background, Dietary Restrictions):	
Referee name and contact number:	Referral date: