Richmond Youth Media Program Referral Form

7660 Minoru Gate, Richmond, BC V6Y 1Z2
604-247-8303 | medialab@richmond.ca | richmondmedialab.ca

Legal Name:	**Preferred Name:**
Date of Birth:	**Gender Identity:** ☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to say ☐ Other: _____
Email:	**Address:**
Emergency Contact Name: **Relationship to Participant:**	**Emergency Contact Number:**
School:	
Extracurricular Activities:	

Media Arts Interests:

- ☐ Broadcasting/Journalism/Podcast/Live Streaming
- ☐ Sound Engineering/Mixing
- ☐ Music Production/DJ
- ☐ Video Production/Acting
- ☐ Digital Art:Illustration/Graphic Design
- ☐ Game Development
- ☐ Web Design/UX|UI
- ☐ Animation:2D/3D/Motion Graphics
- ☐ 3D Design
- ☐ Mixed Media Arts
- ☐ Interactive Media Arts: AR/VR/AI Engineering
- ☐ Other _____

Youth Background History:	
Who does the youth live with?	
Is the youth accessing any other agencies?	
Medical Information (Allergies, Medication, Medical background):	
Referee name and contact number:	**Referral date:**