



Portland Community Media Center

YOUTH STUDENT INTAKE PACKET

Camp/Workshop Name _____

Camp/Workshop Date _____

How did you hear about Open Signal? _____

YOUTH PARTICIPANT INFORMATION

Name _____

Home Address _____

City _____

Zip _____

Date of Birth _____ Age _____

Gender Preference _____

Youth Email _____

☐ Yes I would you like to receive email updates about upcoming workshops and events at Open Signal.

PARENT /GUARDIAN CONTACT INFORMATION

Parent / Guardian Name _____

Home phone _____

Work phone _____

Cell phone _____

Email _____

☐ Yes I would you like to receive email updates about upcoming workshops and events at Open Signal.

Continued on next page.

Open Signal

2766 NE Martin Luther King Jr. Blvd. Portland, OR 97212

Tel (503) 288-1515 Fax (503) 288-8173

SECONDARY EMERGENCY CONTACT INFORMATION

Name _____

Relationship _____

Phone number _____

ALLERGIES, PERTINENT MEDICAL INFORMATION OR INFO YOU WOULD LIKE INSTRUCTORS TO KNOW ABOUT STUDENT:

TRANSPORTATION (Check one)

- ☐ Dropped off and picked up by a parent, guardian or authorized adult (name): _____
☐ Rides TriMet
☐ Walks Home
☐ Other _____

Other Notes to Instructors and/or Open Signal Staff:

Continued on next page.

CONDUCT STATEMENT

To ensure the success and of Open Signal's Youth Media workshops, the health, welfare and safety of all youth involved will be prioritized. All participants will be required to conduct themselves in a safe, courteous and cooperative manner while participating in workshops. This means:

- Treating all participants and instructors with respect
- Following the directions of adult instructors and volunteers
- Engaging in safe, non-violent behavior
- Careful handling and operation of Open Signal equipment

I understand that the use of Open Signal facilities includes using video cameras, microphones, audio recording and mixing equipment, lights, computers and other electronic equipment. I agree to assume responsibility for my child's use of Open Signal's facilities and equipment.

Failure to follow appropriate Open Signal rules of conduct may result in an immediate call to participant's parent or guardian and possible removal from the program.

I have read the expectations and agree to accept them as appropriate and acceptable.

Student Name

Student Signature

Parent / Guardian Name

Parent / Guardian Signature

----- **Date** -----

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OFFSITE PERMISSION FORM

I give Open Signal permission to transport (printed name of student)

to off-site locations for location scouting, filming, field trips or any other
workshop related activity. I understand that participants will be traveling by
foot in the neighborhood or on public transportation. A schedule of activities
will be provided with further details in the event of offsite travel on public
transportation.

Printed Name of Guardian -----

Signature of Guardian-----

Date-----



Portland Community Media Center

Minor Talent Release

I grant Open Signal (OS) a royalty free, perpetual, worldwide, and irrevocable right and license to use the minor (listed below) name, photographic likeness, and the work produced during the workshop, residency, event or activity in all forms and manners of media, including advertising, marketing, publication, newsletters, social media, or any other lawful purposes. I waive any right to notice of such use, and to inspect or approve any use. I release and discharge Open Signal from any claim or cause of action, now known or later discovered, including invasion of privacy, right of publicity, and defamation, arising out of the use.

Photos and video will be used for the following, not limited to:

Use in relevant OS collateral (brochures, posters, website, press releases, etc.), broadcast on OS public access channels, distribution via the OS Facebook, Twitter, Instagram, Vimeo, Youtube sites and branded video sharing sites.

I represent and warrant that I am the parent or legal guardian of the minor named above and have legal authority to execute the above agreement.

I have read this agreement and agree to its terms.

☐

Yes, I agree.

☐

No, I decline.

Please note: Declining Minor Talent Release may limit participation in some Open Signal workshop activities.

Name of Activity: _____

Date: _____

Minor Student Name: _____

Printed Name of Guardian: _____

Guardian Signature: _____

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