



**DCY~Opp Journalism & Broadcast Media Application**  
A Platform for the Voice & Inspiration of Our Youth

Name:

Address:

Phone:

Name of School: \_\_\_\_\_ GPA: \_\_\_\_\_ Grade: \_\_\_\_\_

Please provide the name and phone number of a person (who is not related, i.e. teacher, principal, counselor, or coach) who we may contact as a character reference.

**We offer two programs:** Youth Advisory Board (YAB) and our Academy.

\_\_\_ **YAB students are not affiliates of DCY~Opp.** They can contribute articles, artwork or serve as an opinion panelist to tryout products when needed. They do not attend meetings or report for the magazine. We do not need the Health information. Please only complete this page.

\_\_\_ **Academy youth** are members of the DCY~Opp team and often columnists, live reporters, interviewers, part of our broadcast team, who go out on assignments, are expected to write, research, and attend workshops. Your commitment level decides which would be better.

**Please describe your skills and leadership abilities.**

**T-shirt Size:** Adult Small\_\_\_ Adult Medium\_\_\_ Adult Large\_\_\_ Adult X Large \_\_\_ Adult 2X \_\_\_ Adult 3X\_\_\_ Adult 4X\_\_\_  
Child Small\_\_ Child Medium\_\_ Child Large\_\_

As a member of the Academy, you will have various duties and expectations! You might be expected to sample and review new products, interview someone from our community, photograph for an article, advise on upcoming trends, edit or even write an article or help at a sponsored event. Please indicate your skills and interests below:

- |  |   |
|--|---|
| <input type="checkbox"/> Editing                     | <input type="checkbox"/> Advertising Sales (High School Only Program) |
| <input type="checkbox"/> Graphic Artist/Design       | <input type="checkbox"/> Reporter, Blogger                            |
| <input type="checkbox"/> Photography                 | <input type="checkbox"/> Fashion Trends-Blogger                       |
| <input type="checkbox"/> Current Events, Teen Issues | <input type="checkbox"/> Sports                                       |
| Human Interest Stories or Arts                       |   |

**We'd like to speak with you about joining us. When are you available?**



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**YOUTH INFORMATION**

Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female

Nickname \_\_\_\_\_ School: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Secondary Address: \_\_\_\_\_

Youth Email \_\_\_\_\_

Youth Home Phone \_\_\_\_\_ Youth Cell Phone \_\_\_\_\_

**PARENT/ GUARDIAN INFORMATION**

Name(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

**PARENTAL CONSENT**

The undersigned does hereby give permission for my child \_\_\_\_\_ (child's name) ("Participant"), to attend and participate in any DCY~Opp activities, events, retreats and assignments. I will also assume responsibility for getting my child to all assignment location, unless otherwise arranged by DCY~Opp.

LIABILITY RELEASE: In consideration of DCY~Opp allowing the Participant to participate in DCY~Opp Academy, I, the undersigned, do hereby release, forever discharge and agree to hold harmless DCY~Opp, its affiliates, directors, employees, volunteers and sponsors (collectively herein the "DCY~Opp") from any and all liability, claims or





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## **MEDICAL INFORMATION**

### **YOUTH INFORMATION** *(Please Print)*

Youth Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ DOB \_\_\_\_\_

### **PARENT/GUARDIAN CONTACT INFORMATION**

Parent/Guardian Name(s): \_\_\_\_\_

List all parent/guardian contact phone numbers in best order to be reached: \_\_\_\_\_

\_\_\_\_\_

### **NON-PARENT/GUARDIAN EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone(s): \_\_\_\_\_

### **PRIMARY CARE PHYSICIAN**

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

Phone(s) \_\_\_\_\_ Fax: \_\_\_\_\_

Name of practice: \_\_\_\_\_

Date of last Tetanus shot (required) \_\_\_\_\_

### **INSURANCE INFORMATION**

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy/Group ID#: \_\_\_\_\_ Policy

Holder's Name (please print): \_\_\_\_\_

**Required:** Attach a copy of medical insurance card here.



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**MEDICATION:**

List all medications the youth will take during any DCY~Opp YAB trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. We assume **NO RESPONSIBILITY** for any participant under the age of 18 in possession of their own **MEDICATION**. We will not assume any responsibility for dispensing ANY medication.

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>
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**Over-the-Counter Medication Permission:** Do you give permission for your child/youth to take over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a DCY~Opp event?

**No.** Contact me or get medical help if my child has any minor medical concerns.  
Parent signature \_\_\_\_\_

**Yes.** I give permission for my child to self-administer approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.  
**I have supplied her/him with** \_\_\_\_\_  
Parent Signature \_\_\_\_\_

**MEDICAL CONDITIONS:** Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.



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### DCY~Opp Academy Expectations

The following rules and guidelines are equally binding on adult leaders/chaperones and youth.

**NON-NEGOTIABLE RULES**

Any participant failing to abide by these rules will no longer be a member of the Academy.

- No use of illicit drugs or alcohol
- Presence at and full participation in all group activities
- No sexual misconduct (defined as exposure, touching, or inappropriate reference to body areas normally covered by undergarments)
- Smoking and the use of tobacco products are not allowed to, from, or during any trip.
- Will not break any American laws in the United States or any other country.
- MUTUAL RESPECT IS A MUST. Participants will avoid the use of foul language, cursing, or any speech (including “humor”), which puts down, makes fun of, or stereotypes other persons or groups.
- NO member can use DCY~Opp’s name to influence, defame, bully, threaten an individual, organization, a company, or group, including, but not limited to libel or misrepresenting DCY~Opp staff, administrations or any affiliates publicly, privately, on social media or elsewhere. Whenever a member is representing DCY~Opp in apparel, badges or on assignment, they must act with integrity obeying the rules outlined above.

**Youth Participant’s Statement:** By signing this form, I pledge to follow the rules and guidelines printed above. I understand that I cannot participate in the activity unless this completed form is on file.

x\_\_\_\_\_

Youth Participant’s Signature

Date

**Parent/Guardian’s Statement:** By signing this form, I agree to support the Expectations printed above, and will accept responsibility for the payment of my child’s return transportation should s/he break one of the non-negotiable rules.

x\_\_\_\_\_

Parent/Guardian’s Signature

Date



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## **DCY~Opp Photo/Video/Original Work Release Form for Youth**

I hereby give consent for my child to be photographed, and/or recorded on audio and video during their affiliation with DCY~Opp and their affiliates. I understand the photos/videos/recordings/articles will be published on the website, social media, fliers, brochures, newspaper and magazines. Students will be credited for their work, but identities will be protected on promotional materials. I understand the articles may be used for advertising. I do not expect compensation. I accept that articles/video/photos/recordings/articles written expressly for DCY~Opp are the property of DCY~Opp and its affiliates in perpetuity. Students maintain rights to their original materials. I agree that no articles submitted by my child have been plagiarized.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

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Child/Youth's Name (print)

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Parent/Guardian Name (print)

x

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Parent/Guardian Signature

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Date