

Junior Art Intensive

2018 Registration Package

Thank you for your interest in our Junior Art Intensive program! This program runs from July 16 – July 27, 2018, Monday to Friday from 9:00am to 4:00pm, daily. Students will have a one hour, unsupervised lunch break from 12:00pm – 1:00pm, daily.

All students registered in the Junior Art Intensive program will receive a Welcome Package of important student information including schedule, course outline and room location(s), important shipping information (*for out-of-town applicants only*) and details about the final exhibition. **Parents and students can expect to receive this information via email in June, 2018.**

Please be sure your ***primary email address is one that is active, legible, and checked regularly.*** This will be our **primary method of communication with you.**

Please be sure to complete all of the forms in this package to ensure your registration can be processed in a timely manner. For assistance with registration, please contact us at csreghelp@ecuad.ca or 604 844 3810.

Registration Checklist

- Student Information Form
- Appendix A | Consent Form
- Appendix B | Code of Conduct
- Appendix C | Artwork Release

How to Submit Your Registration Package

- 1 By email to csreghelp@ecuad.ca
- 2 By fax to 604 630 4535.
- 3 In person or by mail to:
Continuing Studies, Emily Carr University of Art + Design, 520 East 1st Avenue,
Vancouver, BC, V5T 1A7.



STUDENT INFORMATION FORM

STUDENT NAME: _____

- YES, this student will be at least age 13 as of July 16, 2018 and no older than age 15 as of July 27, 2017.

GRADE (grade student is entering in Fall 2018):

- Grade 7 Grade 8 Grade 9

PROGRAM FEES

DOMESTIC

- \$1249

INTERNATIONAL

- \$1349

Please note: All fees must be made payable in Canadian dollars. Fees are due at the time of registration. Program fees include instruction and supplies.

REGISTRATION POLICIES

Withdrawal requests received prior to April 23, 2018 will be processed less a \$35 administrative fee. Withdrawal requests received prior to June 25, 2018 will be processed less a \$500 administrative fee. Withdrawal requests received after June 25, 2018 will be processed with no refund.

- I have read and understood the registration policies.

Signature of parent/guardian _____ Date _____

SPECIALIZED SUPPORT SERVICES

Please contact Accessibility Services at accessibility@ecuad.ca or 604 844 3081 for information about learning supports and accommodations.



APPENDIX A: CONSENT FORM

| STUDENT INFORMATION | | | | | | | | | | |
|---|---|----------------|---|---------|--|--|---|-----------|-----------|---------|
| FAMILY/LAST NAME | | | GIVEN/FIRST NAME (IN FULL) | | | | NICKNAME/ PREFERRED NAME | | | |
| STREET NAME AND ADDRESS | | | | | | | AGE | | | |
| CITY | | PROVINCE/STATE | | COUNTRY | | POSTAL/ZIP CODE | | | | |
| EVENING OR HOME PHONE (AREA CODE + NUMBER) | | | DAY PHONE (AREA CODE + NUMBER) | | | STUDENT EMAIL | | | | |
| PRIMARY LANGUAGE: | <input type="checkbox"/> ENGLISH | | <input type="checkbox"/> OTHER: PLEASE SPECIFY | | GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say | | BIRTH DATE: | YEAR (YY) | MONTH(MM) | DAY(DD) |
| CITIZENSHIP: YOU MUST CHECK ONE OF THE FOLLOWING: | <input type="checkbox"/> CANADIAN CITIZEN | | <input type="checkbox"/> LANDED IMMIGRANT/PERMANENT RESIDENT Landed immigrants/permanent residents of Canada must submit a copy of their immigration form. | | | <input type="checkbox"/> INTERNATIONAL: PLEASE SPECIFY COUNTRY BELOW | | | | |
| PARENT/GUARDIAN CONTACT INFORMATION | | | | | | | | | | |
| FAMILY/LAST NAME | | | GIVEN/FIRST NAME (IN FULL) | | | | RELATIONSHIP TO STUDENT | | | |
| CELL PHONE (AREA CODE + NUMBER) | | | EVENING OR HOME PHONE (AREA CODE + NUMBER) | | | WORK PHONE (AREA CODE + NUMBER) | | | | |
| STREET NAME AND ADDRESS | | | | | | | | | | |
| CITY | | PROVINCE/STATE | | COUNTRY | | POSTAL/ZIP CODE | | | | |
| EMAIL ADDRESS <small>(NOTE: THIS WILL BE THE PRIMARY METHOD OF COMMUNICATION FOR THE PROGRAM)</small> | | | | | CUSTODY ARRANGEMENT DETAILS OR CONDITIONS: | | | | | |
| ALTERNATE EMERGENCY CONTACT INFORMATION | | | | | | | | | | |
| FAMILY/LAST NAME | | | GIVEN/FIRST NAME (IN FULL) | | | | RELATIONSHIP TO STUDENT | | | |
| EVENING OR HOME PHONE (AREA CODE + NUMBER) | | | CELL PHONE (AREA CODE + NUMBER) | | | WORK PHONE (AREA CODE + NUMBER) | | | | |
| STREET NAME AND ADDRESS | | | | | | | | | | |
| CITY | | PROVINCE/STATE | | COUNTRY | | POSTAL/ZIP CODE | | | | |
| BC CARE CARD # / HEALTH CARE PLAN # | | | | | | | | | | |
| IMPORTANT PROGRAM INFORMATION | | | | | | | | | | |
| <p>Junior Art Intensive requires physical activity (sitting, standing or walking for long periods of time) and concentration. If there is any medical/health reason which may interfere with your capacity to participate fully in your program, please ensure that you contact ECUAD's Accessibility Services to determine any potential need for accommodations. Accessibility Services at ECUAD is located within Student Services.</p> <p>Contact Accessibility Services at: 604 844 3081 accessibility@ecuad.ca http://connect.ecuad.ca/student-services/accessibility Please ensure to provide adequate notice by contacting Accessibility Services prior to, or at the time of, application submission.</p> | | | | | | | | | | |
| SCHOOL INFORMATION | | | | | | | | | | |
| NAME OF HIGH SCHOOL | | | ART TEACHER | | | | CITY | | GRADE | |
| Have you ever applied for admission to or taken a course at Emily Carr University? If yes, please provide your student identity number. | | | | | | | STUDENT IDENTIFY NUMBER (IF APPLICABLE) | | | |



| PAYMENT INFORMATION | | | |
|---|-------------------------------|--------------------------------------|--------------------------------------|
| PAYMENT METHOD: | <input type="checkbox"/> VISA | <input type="checkbox"/> MASTERCARD: | <input type="checkbox"/> CASH/CHEQUE |
| CREDIT CARD INFORMATION | CARD NUMBER | NAME ON CARD | EXPIRY (MM/YY) |
| CARDHOLDER SIGNATURE | | DATE | |
| <p>Please note: Fees are due at the time of registration. All fees must be made payable in Canadian dollars. Program fees include instruction and supplies. Cheques and Cash/Debit payments can be made in person at Financial Services. Cheques should be made payable to Emily Carr University.</p> | | | |
| PARENT/GUARDIAN PERMISSIONS AND ACKNOWLEDGEMENTS | | | |
| PLEASE INITIAL EACH STATEMENT BELOW | | | INITIALS |
| I consent to the release of medical information as required in the event of injury or other medical emergency. | | | |
| I consent to and authorize emergency medical and/or dental treatment during my child's involvement in the program. | | | |
| I give my child permission to depart for home at the end of the program unaccompanied. | | | |
| I consent to and authorize emergency medical and/or dental treatment during my child's involvement in the program. | | | |
| I consent to the collection, use and disclosure of my information and my child's information as described below. <small>Emily Carr University of Art and Design gathers and maintains information used for the purposes of admissions, registration and other fundamental activities related to being a member of and attending a public post-secondary institution in the province of British Columbia. All applicants are advised that both the information they provide and any other information placed into the student record will be protected and used in compliance with the BC Freedom of Information and Privacy Protection Act (1992).</small> | | | |

I have read the information in the application package and consent to my child's participation in the program and acknowledge that participation in the program and related activities includes:

- Exploring the campus and/or the area surrounding Emily Carr University of Art + Design for the purpose of making art (drawing, sketching, etc) and/or viewing public art.

I agree to assume all risk and liability for my child's transportation to and from the program premises.

In the event of an emergency, I authorize program staff to secure any licensed hospital, physician and/or medical personnel for any treatment deemed necessary for my child's immediate care. I certify that my child is covered by medical insurance for the duration of the program.

I understand and agree that the program instructors and administrators may collect, use and disclose personal information about students and their guardians for the purposes of administering, delivering and evaluating the program. We may also use this information to notify you about future programs that may be of interest to you. Additional information about our privacy policies and practices can be found at www.connect.ecuad.ca/about/privacy.

I, the undersigned, have read this Consent Form and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this Consent Form at the City of _____, on the day and year first above-written.

(signed by Parent or Guardian OR student if 19 or older)



APPENDIX B: CODE OF CONDUCT

Course Name: 2018 JUNIOR ART INTENSIVE

Please read through the following agreement with your child. Both of you are required to sign.

While creative, artistic and intellectual expression is encouraged and promoted, it is also expected that we conduct ourselves in a manner that is safe and respectful of our Emily Carr community. This code of conduct requires all students, parent/guardians of students, instructors, guests and employees to:

- Refrain from words, actions and behavior – in any medium – that demonstrate disrespect for other students, instructors, guests and employees, or the family members of such individuals
- Respect other students, instructors, guests and employees right to privacy and the confidentiality of their personal information
- Act with honesty and integrity when dealing with property, monies, equipment and any other assets belonging to Emily Carr University of Art + Design.
- Act safely and respectfully for the duration of the program, to ensure a positive experience for all.
- Respect and abide by the laws of Canada and British Columbia.
- Treat students, instructors, guests and employees fairly, knowing that Emily Carr University of Art + Design does not tolerate unlawful discrimination on the basis of race, national or ethnic origin, citizenship, colour, religion, sex, age, mental or physical ability, political beliefs, socio-economic status, health related status, sexual orientation, marital status, or any other grounds enumerated in the human rights legislation of the jurisdiction in which the individuals involved are located.

I understand that the use of alcohol, non-prescription drugs, inappropriate behavior and offensive language are prohibited. Should I be registered in the accommodation option of the program, I understand that I will be required to abide by the posted curfew times.

I understand that Emily Carr University of Art + Design reserves the right to take action regarding any breach of the Code of Conduct, including but not limited to a non-refundable removal from the program.

By signing below, you agree to the Code of Conduct.

Student

Parent/Guardian

Signature _____ Signature _____

Date _____ Date _____



ARTWORK(S) AND VIDEO CONSENT FORM (MINORS) | APPENDIX C

Student Name (printed in full): _____

As a student attending the 2018 Junior Art Intensive (the “**Program**”) offered by the Emily Carr University of Art + Design (“**ECUAD**”), I understand that ECUAD may wish to take photographs or videos of me during my attendance at the Program or make other uses of the artwork I create in the Program for the purposes of the Program, and for:

- Artistic Display,
- Use in Academic Programs,
- Advertising or Marketing ECUAD and its Programs and Services
- Recruiting Staff or Students to ECUAD; and
- Other related purposes.

I consent to ECUAD, and its directors, officers, employees, contractors and authorized agents (the “**Personnel**”) creating, using and editing my photograph, portrait, video tape or electronic images, recordings or other reproductions or representations of my likeness, including my voice and statements (collectively “**My Likeness**”), for the purposes described in this Consent, and to the use of My Likeness for the purposes described in this Consent in any publication, display, broadcast, webcast or other exhibit, theatrically or otherwise. I also confirm that I have not given anyone the exclusive right to use my Likeness.

I also acknowledge that ECUAD considers any photographs or videos of me taken during the Program to be its exclusive property and it does not recognize any legal interest that I may have in them except as set out herein. I further understand that I will not have the opportunity or right to inspect or approve the publications or promotional materials, including written or electronic copy, in which My Likeness may appear.

In addition, I consent to the use, display or publication by ECUAD of any art or other work(s) I produce during the Program (the “**Artwork**”) for the purposes described in this Consent, including the use, display or reproduction of the Artwork within programs brochures or catalogues, art exhibitions, broadcast, webcast, or publications, or other exhibit, display, or publication.

I understand that ECUAD has no plans to compensate me for the use, publication, or display of the Artwork or My Likeness whether or not ECUAD generates any income or revenue from such use, publication or display or I suffer any loss or damage resulting from such use, publication or display.

I confirm that I am signing this Consent freely and voluntarily, and in executing this Consent do not rely on any inducements, promises, or representations made by ECUAD or its Personnel. If any part or provision in this Consent is found to be unenforceable, then the remainder of the Consent shall continue to be enforceable.

By signing below, I understanding that I am consenting to the use, display and publication of My Likeness and the Artwork as described above.

Student

Parent/Guardian

Signature _____ Signature _____

Date _____ Date _____



APPENDIX D: LIBRARY USAGE

Student Name (printed in full): _____

By signing below, I hereby consent that items borrowed from the Emily Carr Library, as a Community Borrower, will be returned to the library by me, in good condition and on or before the due date indicated at the time of borrowing.

I am aware that failure to return library materials in adequate condition or in a timely fashion will result in fines incurred by me, for which I am solely responsible. I understand that failure to remit library fines while participating in the 2018 Junior Art Intensive will prevent subsequent registration in courses and programs at Emily Carr University of Art + Design.

I am signing this release freely and voluntarily, and in executing this release do not rely on any inducements, promises, or representations made by Emily Carr University of Art and Design, its employees, agents, successors, or anyone acting under its authority or permission, and those individual(s) contracted by ECUAD.

In addition, I hereby certify that I am over eighteen (18) years of age or have obtained the written consent of my legal parent/guardian below.

Student

Parent/Guardian

Signature _____ Signature _____

Date _____ Date _____



APPENDIX E: ARTWORK(S) AND VIDEO CONSENT FORM (MINORS)

Student Name (printed in full): _____

As a student attending the 2018 Summer Institute for Teens (the “**Program**”) offered by the Emily Carr University of Art + Design (“**ECUAD**”), I understand that ECUAD may wish to take photographs or videos of me during my attendance at the Program or make other uses of the artwork I create in the Program for the purposes of the Program, and for:

- Artistic Display,
- Use in Academic Programs,
- Advertising or Marketing ECUAD and its Programs and Services
- Recruiting Staff or Students to ECUAD; and
- Other related purposes.

I consent to ECUAD, and its directors, officers, employees, contractors and authorized agents (the “**Personnel**”) creating, using and editing my photograph, portrait, video tape or electronic images, recordings or other reproductions or representations of my likeness, including my voice and statements (collectively “**My Likeness**”), for the purposes described in this Consent, and to the use of My Likeness for the purposes described in this Consent in any publication, display, broadcast, webcast or other exhibit, theatrically or otherwise. I also confirm that I have not given anyone the exclusive right to use my Likeness.

I also acknowledge that ECUAD considers any photographs or videos of me taken during the Program to be its exclusive property and it does not recognize any legal interest that I may have in them except as set out herein. I further understand that I will not have the opportunity or right to inspect or approve the publications or promotional materials, including written or electronic copy, in which My Likeness may appear.

In addition, I consent to the use, display or publication by ECUAD of any art or other work(s) I produce during the Program (the “**Artwork**”) for the purposes described in this Consent, including the use, display or reproduction of the Artwork within programs brochures or catalogues, art exhibitions, broadcast, webcast, or publications, or other exhibit, display, or publication.

I understand that ECUAD has no plans to compensate me for the use, publication, or display of the Artwork or My Likeness whether or not ECUAD generates any income or revenue from such use, publication or display or I suffer any loss or damage resulting from such use, publication or display.

I confirm that I am signing this Consent freely and voluntarily, and in executing this Consent do not rely on any inducements, promises, or representations made by ECUAD or its Personnel. If any part or provision in this Consent is found to be unenforceable, then the remainder of the Consent shall continue to be enforceable.

By signing below, I understanding that I am consenting to the use, display and publication of My Likeness and the Artwork as described above.

Student

Parent/Guardian

Signature _____ Signature _____

Date _____ Date _____

