

Junior Art Intensive

2020 Registration Package

Thank you for your interest in our Junior Art Intensive program! This program runs from July 20–July 31, 2020, Monday to Friday from 9:00am to 4:00pm. 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, 2020.**

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 Registration Form
- Appendix A | Student Information and Consent Form
- Appendix B | Code of Conduct
- Appendix C | Library Use
- Appendix D | Artwork Release (Minors, if under the age of 19)

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 0H2.



STUDENT REGISTRATION FORM

STUDENT NAME: _____

- YES, this student will be at least age 13 as of July 20, 2020 and no older than age 15 as of July 31, 2020.

GRADE (grade student is entering in Fall 2020):

- Grade 8 Grade 9 Grade 10

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 27, 2020** will be processed less a \$35 administrative fee. Withdrawal requests received **April 27 - June 28, 2020** will be processed **less a \$500 administrative fee. Withdrawal requests received on or after June 29, 2020 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: STUDENT INFORMATION AND 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 <small>Landed immigrants/permanent residents of Canada must submit a copy of their immigration form.</small>			<input type="checkbox"/> INTERNATIONAL: PLEASE SPECIFY COUNTRY BELOW				
Aboriginal students are eligible to access additional resources. Please let us know: DO YOU IDENTIFY AS AN ABORIGINAL PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO										
					IF YOU DO IDENTIFY AS AN ABORIGINAL PERSON, ARE YOU: <input type="checkbox"/> FIRST NATIONS <input type="checkbox"/> METIS <input type="checkbox"/> INUIT					
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			
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				
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</p> <p>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 IDENTITY 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: 2020 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 _____



APPENDIX C: 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 2020 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 D | ARTWORK(S) AND VIDEO CONSENT FORM (MINORS)

Student Name (printed in full): _____

As a student attending the 2020 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 _____