

# Junior Art Intensive 2021 Registration Package

Thank you for your interest in our Junior Art Intensive program! We look forward to working with you this July! This program runs from July 19– July 30, 2021, Monday to Friday from 9:00am to 4:00pm (Pacific Daylight Time, GMT -7). Students will have a one-hour lunch break from 12:00pm – 1:00pm, daily.

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 <a href="mailto:csreghelp@ecuad.ca">csreghelp@ecuad.ca</a> or call us at 604 844 3810.

\*Although the 2021 program is expected to be delivered online, we are still requiring that all sections be completed and signed where requested, even if likely to be non-applicable for now.

Welcome Packages with important information regarding materials, schedule, supplies etc. will be made available after registration closes on **June 28, 2021**.

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

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☐ 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 18)

## How to Submit Your Registration Package

- 1 By email to csreghelp@ecuad.ca.
- 2 By fax to 604 630 4535. (not available at the moment)
- 3 In person or by mail to: Continuing Studies, Emily Carr University of Art + Design, 520 East 1<sup>st</sup> Avenue, Vancouver, BC, V5T 0H2. (not available at the moment)



#### STUDENT REGISTRATION FORM

STUDE	ENT NAME:			-	
	☐ YES, this student will be at least age 13 as of July 19, 2021 and no older than age 15 as of July 30, 2021.				
GRAD	E (grade student is en	tering in Fall 2021):			
	Grade 8	☐ Grade 9	☐ Grade 10		
PRO	GRAM FEES				
DOME	STIC	IN <sup>-</sup>	ΓERNATIONAL		
	\$1249		\$1349		
registra	ation. Due to the online uired to source their or	e made payable in Canadi e nature of the program th wn supplies. Students sho	s year, students pa	rticipating in JAI will	
Students will need access to a smartphone or tablet (iPad or Android), and a computer to join the virtual classroom on BlueJeans. Computers should meet the following minimum requirements: macOS 10.15 (or later) with 64-bit processor / Windows 10 version 18362.0 or higher.					
REG	SISTRATION PO	OLICIES			
fee. W admini	ithdrawal requests rec	d prior to April 26, 2021 wi eived April 26 - June 27, 2 al requests received on or	021 will be process	sed less a \$500	
	I have read and unde	rstood the registration poli	cies.		
Signate	Signature of parent/guardianDate				

### 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 ADDR		L		AGE					
CITY		PROVINCE	E/STATE	COUNTRY	(	POSTAL/ZIP CODE			
EVENING OR HOME PHON	IE (AREA CODE + NUMBER)	•	DAY PHONE (AREA CODE +	NUMBER)		STUDENT EMAIL			
PRIMARY LANGUAGE:		OTHER: E SPECIFY			□Female r □Prefer not to say	BIRTH DATE:	YEAR (YY)	MONTH(MM)	DAY(DD)
CITIZENSHIP: YOU MUST CHECK OF THE FOLLOWING	ONE	IAN CITIZEN	Landed immigrants	□LANDED IMMIGRANT/PERMANENT RESIDENT  Landed immigrants/permanent residents of Canada must submit a copy of their immigration form.			UNTRY		
	are eligible to access addit AS AN ABORIGINAL PERSO		s. Please let us know:		YOU DO IDENTIFY AS AN ABORI FIRST NATIONS ☐METIS	GINAL PERSON, A	RE YOU:		
PARENT/GUAR	DIAN CONTACT INFO	ORMATION							
FAMILY/LAST NAME			GIVEN/FIRST NAME (IN FUL	L)		RELATIONSHIP TO ST	TUDENT		
CELL PHONE (AREA CODE	E + NUMBER)		EVENING OR HOME PHONE	(AREA COD	PE + NUMBER)	WORK PHONE (AREA CODE + NUMBER)			
STREET NAME AND ADDR	ESS		l						
CITY		PROVINCE/STATE	COUNTRY		POSTAL/ZIP CODE				
EMAIL ADDRESS (NOTE: T	HIS WILL BE THE PRIMARY METHOD	OF COMMUNICATI	ON FOR THE PROGRAM)		CUSTODY ARRANGEMENT DETAILS OF	RCONDITIONS:			
ALTERNATE EMERGENCY CONTACT INFORMATION									
FAMILY/LAST NAME			GIVEN/FIRST NAME (IN FULL)		RELATIONSHIP TO STUDENT				
CELL PHONE (AREA CODE	E + 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									
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.  Contact Accessibility Services at: 604 844 3081  accessibility@ecuad.ca http://connect.ecuad.ca/studentservices/accessibility Please ensure to provide adequate notice by contacting Accessibility Services prior to, or at the time of, application submission.									
SCHOOL INFORMATION									
NAME OF HIGH SCHOOL			ART TEACHER		CITY		GRAD	Ξ	
Have you ever applied for admission to or taken a course at Emily Carr University? If yes, please provide your student identity number.  STUDENT IDENTIY NUMBER (IF APPLICABLE)									



PAYMENT INFORMATION			
PAYMENT METHOD:	□VISA/MASTERCARD	□Online Banking (Canadian Institution)	
or payment by credit card	, please call Continuing Studies Registrati	on at 604-844-3810.	
		e will process it and send you an email with or a screenshot confirmation of an online banki	
	ents participating in JAI will be required to	es are due at the time of registration. Due to the source their own supplies. Students should e	
PARENT/GUARDIAN PERM	IISSIONS AND ACKNOWLEDGEMENTS		
PLEASE INITIAL EACH STATEMENT BELOW			INITIALS
I consent to the release of medic	cal information as required in the event of injury or othe	er medical emergency.	
I consent to and authorize emerg	gency medical and/or dental treatment during my child	's involvement in the program.	
I give my child permission to dep	part for home at the end of the program unaccompanie	d.	
I consent to and authorize emerg	gency medical and/or dental treatment during my child	's involvement in the program.	
I consent to the collection, use a	nd disclosure of my information and my child's informa	ation as described below.	
being a member of and attending a pu	ublic post-secondary institution in the province of British Columb	dmissions, registration and other fundamental activities related to bia. All applicants are advised that both the information they provide th the BC Freedom of Information and Privacy Protection Act (1992).	
	mation in the application package ar at participation in the program and re	nd consent to my child's participation in elated activities includes:	the program
	e campus and/or the area surroundir naking art (drawing, sketching, etc) a	ng Emily Carr University of Art + Desigr and/or viewing public art.	n for the
I agree to assume al	I risk and liability for my child's trans	portation to and from the program pren	nises.
medical personnel fo		to secure any licensed hospital, physici for my child's immediate care. I certify rogram.	
personal information evaluating the progra	about students and their guardians am. We may also use this information ional information about our privacy	administrators may collect, use and dis for the purposes of administering, deliven to notify you about future programs to policies and practices can be found at	ering and
I, the undersigned, h with full knowledge o		derstand all its terms. I execute it volun	tarily and
IN WITNESS WHER year first above-writt		Form at the City of, or	n the day and
(signed by Parent or	Guardian OR student if 18 or older)		



#### APPENDIX B: CODE OF CONDUCT

Course Name: 2021 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

JUNIOR ART INTENSIVE JULY 19-30, 2021 6



#### APPENDIX C: LIBRARY USAGE

Student Name (printed in full):

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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 2021 Junior Art Intensive will prevent subsequent registration in courses and programs at Emily Carr University of Art + Design.

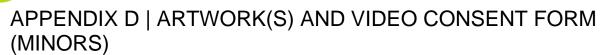
I am signing this release freely and voluntarily, and in executing this release do not rely on any inducements, promises, or representations made by Emily Carr University of Art and Design, its employees, agents, successors, or anyone acting under its authority or permission, and those individual(s)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

JUNIOR ART INTENSIVE JULY 19-30, 2021

7



Student Name (printed in full):
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As a student attending the 2021 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