

Junior Art Intensive 2020 Registration Package

Thank you for your interest in our Junior Art Intensive program! We look forward to welcoming you this July! 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. ***This may be slightly modified with the recent transition to online delivery.**

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 <u>csreghelp@ecuad.ca</u> or call us at 604 844 3810.

*Although the 2020 program is now via online delivery, 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 29, 2020**.

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

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 <u>csreghelp@ecuad.ca</u>.
- 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 1st Avenue, Vancouver, BC, V5T 0H2. (not available at the moment)



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):
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		Grade 8	Grade 9
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Grade 10

PROGRAM FEES

DOMESTIC

□ \$1154 (previously \$1249)

INTERNATIONAL

□ \$1254 (previously \$1349)

Please note: All fees must be made payable in Canadian dollars. Fees are due at the time of registration. Program fees include instruction. Due to the online nature of the program this year, students participating in JAI will be required to source their own supplies. Students should expect to spend between \$150-\$200 on supplies.

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.

REGISTRATION POLICIES

*Update (effective May 12, 2020): Withdrawal requests received prior to May 25, 2020 will be processed less a \$35 administrative fee. Withdrawal requests received May 26 - June 19, 2020 will be processed less a \$500 administrative fee. Withdrawal requests received on or after June 20, 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/		ICE/STATE	/STATE COUNTRY		POSTAL/ZIP CODE							
EVENING OR HOME PHONE (AREA CODE + NUMBER) DA			DAY PHONE (AREA CODE -	+ NUMBER)		STUDENT EMAIL						
PRIMARY LANGUAGE:					BIRTH DATE:	YEAR (YY)	MONTH(MM)	DAY(DD)				
CITIZENSHIP: YOU MUST CHECK O OF THE FOLLOWING		DIAN CITIZEN		s/permaner	RMANENT RESIDENT nt residents of Canada must ation form.		ONAL: PLEASE	SPECIFY CO	DUNTRY			
	are eligible to access add S AN ABORIGINAL PERS		ces. Please let us know:		YOU DO IDENTIFY AS AN ABORI	GINAL PERSON, A	RE YOU:					
PARENT/GUAR	DIAN CONTACT INF	ORMATIC	N									
FAMILY/LAST NAME			GIVEN/FIRST NAME (IN FUL	_L)		RELATIONSHIP TO ST	IUDENT					
CELL PHONE (AREA CODE	+ NUMBER)		EVENING OR HOME PHON	E (AREA COE	DE + NUMBER)	WORK PHONE (AREA	CODE + NUMBE	२)				
STREET NAME AND ADDRE	SS											
CITY PROVINCE/STATE		ΓE		COUNTRY	POSTAL/ZIP CODE							
EMAIL ADDRESS (NOTE: TH	IS WILL BE THE PRIMARY METHO	D OF COMMUNIC	ATION FOR THE PROGRAM)		CUSTODY ARRANGEMENT DETAILS OF	RCONDITIONS:	EMAIL ADDRESS (NOTE: THIS WILL BE THE PRIMARY METHOD OF COMMUNICATION FOR THE PROGRAM) CUSTODY ARRANGEMENT DETAILS OR CONDITIONS:					
ALTERNATE EMERGENCY CONTACT INFORMATION												
ALIERNATEE	MERGENCY CONT	ACT INFOF	MATION									
FAMILY/LAST NAME	MERGENCY CONT	ACT INFOF	GIVEN/FIRST NAME (IN FUL	-L)		RELATIONSHIP TO ST	IUDENT					
		ACT INFOF	-	·)E +NUMBER)	RELATIONSHIP TO ST		र)				
FAMILY/LAST NAME	+ NUMBER)	ACT INFOF	GIVEN/FIRST NAME (IN FUL	·)E + NUMBER)			२)				
FAMILY/LAST NAME	+ NUMBER)	ACT INFOF	GIVEN/FIRST NAME (IN FUL	·	DE + NUMBER) COUNTRY			٦)				
FAMILY/LAST NAME	+ NUMBER) SS		GIVEN/FIRST NAME (IN FUL	·		WORK PHONE (AREA		3)				
FAMILY/LAST NAME CELL PHONE (AREA CODE - STREET NAME AND ADDRE CITY BC CARE CARD # / HEALTH	+ NUMBER) SS	PROVINCE/ST#	GIVEN/FIRST NAME (IN FUL	·		WORK PHONE (AREA		२)				
FAMILY/LAST NAME CELL PHONE (AREA CODE - STREET NAME AND ADDRE CITY BC CARE CARD #/ HEALTH IMPORTANT PR Junior Art Intens medical/health r Accessibility Ser Services. Contact Accessi 604 844 3081 accessibility@ec http://connect.ec	NUMBER) SS CARE PLAN # OGRAM INFORMA ive requires physica eason which may int vices to determine a bility Services at: cuad.ca suad.ca	PROVINCE/STA TION I activity (si erfere with ny potentia	GIVEN/FIRST NAME (IN FUL EVENING OR HOME PHONI TE tting, standing or wayour capacity to part I need for accommo bility	e (AREA COL		POSTAL/ZIP CODE	If there is you conta	any ct ECUAI Student	D's			
FAMILY/LAST NAME CELL PHONE (AREA CODE - STREET NAME AND ADDRE CITY BC CARE CARD #/ HEALTH IMPORTANT PR Junior Art Intens medical/health r Accessibility Ser Services. Contact Accessi 604 844 3081 accessibility@ec http://connect.ec	CARE PLAN # COGRAM INFORMA ive requires physica eason which may int vices to determine a bility Services at: bility Services	PROVINCE/STA TION I activity (si erfere with ny potentia	GIVEN/FIRST NAME (IN FUL EVENING OR HOME PHONI TE tting, standing or wayour capacity to part I need for accommo bility	e (AREA COL	COUNTRY r long periods of time) and fully in your program, plea Accessibility Services at	POSTAL/ZIP CODE	If there is you conta	any ct ECUAI Student	D's			
FAMILY/LAST NAME CELL PHONE (AREA CODE - STREET NAME AND ADDRE CITY BC CARE CARD #/ HEALTH IMPORTANT PR Junior Art Intens medical/health r Accessibility Ser Services. Contact Accessi 604 844 3081 accessibility@ec http://connect.ec Please ensure to	CARE PLAN # COGRAM INFORMA ive requires physica eason which may int vices to determine a bility Services at: bility Services	PROVINCE/STA TION I activity (si erfere with ny potentia	GIVEN/FIRST NAME (IN FUL EVENING OR HOME PHONI TE tting, standing or wayour capacity to part I need for accommo bility	e (AREA COL	COUNTRY r long periods of time) and fully in your program, plea Accessibility Services at	POSTAL/ZIP CODE	If there is you conta	any ct ECUAI Student				



PAYMENT INFORMATION				
PAYMENT METHOD:	□VISA/MASTERCARD	□Online Banking (Canadian Institution)		
For payment by credit card credit card payment via for		tion at 604-844-3810. Unfortunately, we will no	longer be accepting	
		ve will process it and send you an email with onl ve a screenshot confirmation of an online bankin		
nstruction. Due to the onlin		ees are due at the time of registration. Program nts participating in JAI will be required to source		
PARENT/GUARDIAN PERM	ISSIONS 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 a	nd disclosure of my information and my child's inforr	nation as described below.		
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).				

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



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