

# Teen Art Group (TAG) 2020-2021 Registration Package

Thank you for your interest in the Teen Art Group Program! **Teen Art Group (TAG)** is open to students ages 15-18 with an interest in art. No experience is required.

Registration is on a first-come, first-serve basis and will open on **June 10, 2020**. Register early as space is limited. Registration packages will be available online at <http://www.teens.ecuad.ca/>.

**Program Fees:**  
\$445.00

**Please note:** Payment is **non-refundable**. Fees must be paid in full **at the time of registration**. Be sure to complete **all of the forms in this package** to ensure your registration can be processed.

Program fees include instruction. Due to the online nature of the program this year, students participating in TAG will be required to source their own supplies.

Students will need access to a computer to join the virtual classroom on BlueJeans and/or Zoom. It is recommended students also have access to a smartphone or tablet to document progress of their work and share with the class.

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.**

For assistance with registration, please contact us at [csreghelp@ecuad.ca](mailto:csreghelp@ecuad.ca) or call 604 844 3810.

## Registration Checklist

- Appendix A | Student Information, Application and Payment Information
- Appendix B | Code of Conduct Form
- Appendix C | Library Usage Form
- Appendix D | Artwork Release (Minors)

## How to Submit Your Registration Package

- 1 By email to [csreghelp@ecuad.ca](mailto: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 1st Avenue,  
Vancouver, BC, V5T 0H2. **(not available at the moment)**

## STUDENT INFORMATION: APPENDIX A

STUDENT INFORMATION				
FAMILY/LAST NAME		GIVEN/FIRST NAME (IN FULL)		NICKNAME/ PREFERRED NAME
STREET NAME AND ADDRESS				
CITY		PROVINCE/STATE	COUNTRY	POSTAL/ZIP CODE
EVENING OR HOME PHONE (AREA CODE + NUMBER)		DAY PHONE (AREA CODE + NUMBER)		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	<b>BIRTH DATE:</b> YEAR (YY)    MONTH(MM)    DAY(DD)
<b>CITIZENSHIP: YOU MUST CHECK ONE OF THE FOLLOWING:</b> <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> LANDED IMMIGRANT/PERMANENT RESIDENT <input type="checkbox"/> INTERNATIONAL: PLEASE SPECIFY COUNTRY BELOW <small>Landed immigrants/permanent residents of Canada must submit a copy of their immigration form.</small>				
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 (NOTE: THIS WILL BE THE <b>PRIMARY METHOD</b> OF COMMUNICATION FOR THE PROGRAM)			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>If you have any functional limitations, including but not restricted to physical, cognitive and/or mental health impairments, that may interfere with your capacity to be safe or participate fully in the teaching and learning environment, please contact Accessibility Services directly at <a href="mailto:accessibility@ecuad.ca">accessibility@ecuad.ca</a> prior to classes starting. They can work with you to set up accommodations and supports at the University.</p> <p>Contact Accessibility Services at:            604 844 3081  <a href="mailto:accessibility@ecuad.ca">accessibility@ecuad.ca</a>  <a href="http://connect.ecuad.ca/studentservices/accessibility">http://connect.ecuad.ca/studentservices/accessibility</a></p>				
SECONDARY (HIGH 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 IDENTIY NUMBER (IF APPLICABLE)

## STUDENT INFORMATION: APPENDIX A

PAYMENT INFORMATION	
PAYMENT METHOD:	<input type="checkbox"/> VISA/MASTERCARD <input type="checkbox"/> Online Banking (Canadian Institution)
<p><b>Please note:</b> Fees are due at the time of registration and must be made payable in Canadian dollars. <b>FEE: \$445.00. Payment is non-refundable.</b></p> <p>For payment by credit card, please call Continuing Studies Registration at 604-844-3810. Unfortunately, we will no longer be accepting credit card payment via forms.</p> <p>For payment by online banking, once your application is received, we will process it and send you an email with online payment instructions. Your registration will be conditional until we then receive a screenshot confirmation of an online banking payment.</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:

- Traveling on public transit for the purposes of visiting art galleries and art organizations
- Walking around and exploring locations around Vancouver for the purpose of making art (drawing, sketching, etc) 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](http://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)

## APPLICATION CONFIRMATION: APPENDIX A

*I declare that I have answered all questions truthfully. If admitted to the program, I agree to familiarize myself with, and abide by, University policies during the program.*

TEEN ART GROUP (TAG) meets regularly on the first and third Thursday of each month, at Emily Carr University and the Vancouver Art Gallery from 4:00 pm – 7:00 pm, October 2020 until May 2021, with breaks for holidays and closures. A detailed schedule will be made available online at the start of the program.

**Regular attendance is required.**

**Please note:** Program activities for 2020-2021 will take place primarily online, but may move to in-person delivery at the aforementioned facilities, pending appropriate approvals and only given availability of adequate space at the time.

- YES**, I can attend all the sessions hosted by Emily Carr University and the Vancouver Art Gallery
- YES**, I have access to a digital camera or a phone with photo-taking capabilities for the length of the TAG program (*not required for admission*)
- YES**, I understand that I need to bring a bagged lunch/snacks and a water bottle to all ECU sessions.
- YES**, I understand that I will be receiving an access card to gain entry at Emily Carr University and that I will be charged a replacement fee in the event of a lost and/or stolen card.
- YES**, I understand that the **TAG fee is \$445.00 and is non-refundable**. I understand that I must submit my payment in full and complete all of the forms in this package to ensure that my registration can be processed.
- YES**, I give Emily Carr University of Art and Design permission to gather and maintain information 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 and to share this information with the Vancouver Art Gallery.

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## APPENDIX B: CODE OF CONDUCT

Course Name: 2020-2021 Teen Art Group (TAG)

Student Name (printed in full): \_\_\_\_\_

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.

In addition, I hereby certify that I am over nineteen (19) years of age or have obtained the written consent of my legal parent/guardian below.

**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 2020-2021 Teen Art Group (TAG) 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 2020-2021 Teen Art Group (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 \_\_\_\_\_