

TEENS WORKSHOPS

SUMMER 2020 Registration Package

Thank you for your interest in Teens Workshops with Continuing Studies at Emily Carr! Workshops are 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 **May 22, 2020**. Register early as space is limited. Registration packages will be available online at <http://www.teens.ecuad.ca/>.

Please be sure to submit your payment in full and to complete **all of the forms in this package** to ensure your registration can be processed. **PAYMENT** must be paid in full **at the time of registration**.

ECU's Withdrawal and Refund Policy:

Refunds or tuition waivers, minus an administrative charge of \$35 per course, will be given if notification of withdrawal is received seven or more calendar days before the start of the course. No refund will be given if notification of withdrawal is received less than seven full calendar days before the start of the course. Exceptions are only considered as they pertain to extenuating circumstances on an individual basis. In such cases, a written request for refund, accompanied by appropriate documentation from a third party (e.g. subpoena), must be submitted. Students may withdraw from a course by phone, fax, or email. Under no circumstances will refunds be granted for requests received after course completion.

For assistance with registration, please contact us at 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 | Artwork Release (Minors)

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 1st Avenue, Vancouver, BC, V5T 0H2. **(not available at the moment)**

WORKSHOP SELECTION AND FEES

Graphic Novel Weekend Intensive:

CETP 220 SU01 (10am-4:30pm) \$254 | 2 sessions | Sat-Sun | Jun 6 + Jun 7

This intensive workshop focuses on the production fundamentals of dynamic graphic novels, such as story boarding, character development, and narrative dialogue. Building off of students' individual illustration and drawing styles, the Graphic Novel Weekend Intensive will help students transform their ideas and sketches into fully-realized/completed engaging graphic stories. This workshop will include in-class discussions and critiques to strengthen individual art, design and communication skills.

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		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 (NOTE: THIS WILL BE THE PRIMARY METHOD 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 accessibility@ecuad.ca 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 accessibility@ecuad.ca http://connect.ecuad.ca/studentservices/accessibility</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 IDENTITY NUMBER (IF APPLICABLE)				

STUDENT INFORMATION: APPENDIX A

PAYMENT INFORMATION	
PAYMENT METHOD:	<input type="checkbox"/> VISA/MASTERCARD <input type="checkbox"/> Online Banking (Canadian Institution)
<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> <p>*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 programs this year, students participating in Teens Workshops + Intensives will be required to source their own supplies. Students should expect to spend up to \$100 in course-specific supplies.</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>	

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 18 or older)

APPENDIX B: CODE OF CONDUCT

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 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 C: ARTWORK(S) AND VIDEO CONSENT FORM (MINORS)

Student Name (printed in full): _____

As a student attending a workshop offered by 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 _____