

Presented by East Hawai'i Cultural Center

The **Youth Arts Series: Pop-Up Workshops**

Upcycle Arts- Jessica McMahe

Monday, February 19, 2018 (President's Day Holiday)

8:00 AM- 10:00 AM (drop-off begins at 7:30, pick-up 10:00 AM- 11:00 AM)

Ages 5-8

Class will be held in the EHCC Annex Building. Parents/ Guardians may drop off and pick-up students in EHCC's rear parking lot.

Registration Deadline 4:00PM, Monday, February 12

Enrollment Fee:

\$25.00- EHCC Members (Parent or Guardian who is registering the student, must be 18 years old or over)

\$45.00- Non-EHCC Members

Students should bring to class, a school binder, and a plain dark-colored t-shirt, both will be used for their upcycling projects. Items should be previously used, students will be cutting, making alterations and redesigning both the binder and the t-shirt.

*Classes may be canceled if minimum enrollment is not met, in the event of which the enrollment fee will be refunded. Membership purchased at the time of registration is non-refundable. Membership will remain valid for one calendar year.

- Keep this page for your own reference**
- If applying for EHCC membership, form should be turned in at the office, along with membership fee.**
- Turn in Registration Form along with enrollment fee to the East Hawai'i Cultural Center main office, 141 Kalakaua Street in Hilo, open Tuesday- Saturday 10AM-4PM**

For questions, please feel free to contact:

Kellie Miyazu, *YAS Program Coordinator*

YAS@ehcc.org

(808)961-5711 (EHCC Office)

EHCC & HMOCA MEMBERSHIP

141 Kalakaua St, Hilo HI 96720 PH 808 961 5711

email: admin@ehcc.org

NAME:

ADDRESS:

PHONE:

EMAIL:

Please check:

Adult \$50

Seniors \$25

Students \$25

Early Registration and discounted entry fees for juried shows

\$25 for 1st piece

\$15 each for 2nd and 3rd (members)

NEW INCENTIVES FOR ARTIST AND NON ARTIST COMING SOON

Payment:

CASH

CHECK PAYABLE TO EHCC

MASTERCARD/VISA

Signature _____ Date _____

Expiration Date _____

Registration Form

Participant's Legal Name (First, Last):

\$25.00- EHCC Member

\$45.00- Non Member

To be filled in by EHCC office staff:

Tuition Total: _____

Membership expiration date (if applicable): _____

Age:

School Attending:

Current Grade:

Home Address:

Mailing Address:

Email (primary contact):

Publicity Feedback

How did you hear about the Youth Arts Series? (check all that apply)

___ Hawaii Tribune Herald

___ Facebook (EHCC)

___ Instagram (EHCC)

___ Roadside banner

___ poster/flyer (list location flyer was seen)

___ www.ehcc.org/yas17

Other: _____

<u>Parent/Legal Guardian A</u>	<u>Parent/Legal Guardian B</u>
Name: _____	Name: _____
Home Phone: (____)____-_____	Home Phone: (____)____-_____
Cell Phone: (____)____-_____	Cell Phone: (____)____-_____
Work Phone: (____)____-_____	Work Phone: (____)____-_____
Employer: _____	Employer: _____
Work Address: _____	Work Address: _____

Which guardian/ phone number should be contacted in the event of an emergency during the time of the program?

A or **B**

Does your child have any existing medical condition or disability that may limit, restrict, or impair their activities (i.e. severe asthma, diabetes, seizure disorder, etc)?

Does your child have any allergies (ie. food, environmental, bee stings, etc)?

If yes, how is he/she treated?

•I, (name of parent or legal guardian) _____, the parent/legal guardian of (name of student) _____, who is attending the East Hawai'i Cultural Center's Youth Arts Series Pop-Up Workshop(s), release all directors, coordinators, staff members and instructors of any claim for damages, liability, injury, expense, or loss on account of any negligence or other wrongdoing that may occur while my child is attending the program. I also agree to indemnify and hold harmless those persons of the above stated organization on any claim arising out of the Youth Arts Series activities under this agreement. In case of accident or need for medical attention, I give permission to the Youth Arts Series: Summer 2017 staff, coordinators, or instructors to take my child, to a doctor, and/or emergency medical facility.

•It is understood that the cost for treatment will be borne by the parent or guardian. I also hereby give permission to the Youth Arts Series to film, tape, or otherwise record my child's name, voice, and/or person. I understand that these recordings of my child may include news releases which include photographs about the East Hawai'i Cultural Center and other media releases to publicize the Youth Arts Series programs and classes and open circuit (broadcast), closed-circuit, and/or cable television transmission within or outside of the State of Hawai'i in perpetuity. I also understand that there will be no financial or other remuneration for recording of my child, either for initial or subsequent transmission or playback. The East Hawai'i Cultural Center may also use my child's name, likeness, and/or bibliographical identification for publicizing and promoting the use of these recordings.

Date: ___/___/___ **Parent/Legal Guardian signature:** _____