

Presented by East Hawai'i Cultural Center
Youth Arts Series: Fall Break 2016
Monday, October 10- Friday October 14
Ages 10-17
Tuition: \$40.00

Course Listing

- Upcycled Fashion Design- Monique Ortiz
 - Drama- Leah Wilson
 - Paper Sculpture- Dena Nakahashi
 - Circus Arts- Forrest Humphrey
- Program Coordinator- Kellie Miyazu

Daily Schedule

Drop off period 7:30AM-8:00AM

8:15AM-10:00AM- 1st class
10:15AM-10:25AM- transition
10:25AM-11:40AM- 2nd class
11:40AM-12:40PM- Lunch
12:40PM-1:55PM- 3rd class
1:55PM-2:05PM- transition
2:05PM-3:30PM- 4th class

Pick up period 3:30PM-3:45PM

There will be 7-10 students per group, 4 groups total. Students will rotate through all 4 classes each day. There will be one hour for lunch in the middle of the day. Students should arrive each morning with a packed, non-perishable, home lunch. The first transition period of each day may be used as a time to consume a light morning snack.

Student Showcase- Friday October, 14 3:30PM-5PM (open to the public)

The week long program concludes with a showcase of the students creations and handiwork.

Registration Form

YAS@ehcc.org || (808) 961-5711 || 141 Kalakaua Street Hilo, HI 96720

Participant's Legal Name (First, Middle, Last):

Preferred name:

Gender:

Date of birth:

School Attending:

Grade:

Age:

Home Address:

Mailing Address:

<p>Parent/Legal Guardian A Name: _____</p> <p>Relation to student: _____</p> <p>Home Phone: (____)____-_____</p> <p>Cell Phone: (____)____-_____</p> <p>Work Phone: (____)____-_____</p> <p>Email: _____</p> <p>Employer: _____</p> <p>Work Address: _____</p>	<p>Parent/Legal Guardian B Name: _____</p> <p>Relation to student: _____</p> <p>Home Phone: (____)____-_____</p> <p>Cell Phone: (____)____-_____</p> <p>Work Phone: (____)____-_____</p> <p>Email: _____</p> <p>Employer: _____</p> <p>Work Address: _____</p>
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Which guardian/ phone number should be contacted in the event of an emergency during the time of the program (Monday-Friday 8:00AM-3:30PM).

***If emergency contact is someone other than the two parents/guardians named above, please specify:**

Name:

Relation to student:

Phone number:

Secondary phone number (if applicable):

Place of employment:

Please specify which guardian(s) of the student will be picking up/ dropping off the student each day:

*Prior notice and relevant information will need to be given if another person will be picking up the child at any time during the course of the program. Attendance will be taken at the start of each class and students will need to be signed out by their guardian at the time of pick-up. Students should be dropped off and picked-up outside the back entrance to the main building (EHCC's rear parking lot), at which times they will be supervised by YAS/EHCC staff and/or volunteers.

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?

List medications, including over-the-counter medication, prescribed for this child (provide labeled name, dosage, time and method of administration)

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:Fall Break 2016

(October 10-14, 2016), 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: Fall Break 2016 activities under this agreement. In case of accident or need for medical attention, I give permission to the Youth Arts Series: Fall Break 2016 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 our 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:** _____

Circus Arts/ Drama Waiver

The Circus Arts and Drama classes may require students to move about the East Hawai'i Cultural Center premises, Kalakaua Street and or Kalakaua Park (located across the street from the Center).

I, (circle one) **authorize** || **do not authorize** my child, _____ to move about the above mentioned locations under the supervision of the YAS staff and volunteers. If you choose to not permit your child to participate in such activity, alternate supervision will be provided, students will be left in the care of YAS staff/ volunteers remaining on the EHCC property.

Signature of parent/ legal guardian:

Performance Participation

I, (circle one) **authorize** || **do not authorize** my child, _____ to participate in activities that may include, but are not limited to stilt walking, juggling, and building of circus and drama props. I understand accidents happen and that the YAS staff and volunteers have the best interests of my child in mind and I trust in their judgement of necessary safety precautions, thus I will not hold the Youth Arts Series staff liable for any injury that may occur as a result of the aforementioned activities.

Signature of parent/ legal guardian:

Students will be divided up into groups based on age and/or prior experience level.

Please indicate the student’s prior experience level for each subject (circle one):

Drama: Beginner Intermediate Advanced

Circus Arts: Beginner Intermediate Advanced

Sculpture: Beginner Intermediate Advanced

Fashion Design: Beginner Intermediate Advanced

List prior involvement/ experience with the arts pertaining to any of the YAS classes (for example: Intermediate painting- Hilo High School or stage acting, Hilo Community Players- Shakespeare in the Park, etc...) Please be as specific as possible. Attach separate sheet of paper if additional space is needed.

Publicity Feedback

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

- Hawaii Tribune Herald
- Facebook (EHCC or CCECS)
- Instagram (EHCC)
- UHH CCECS

poster/flyer (list location flyer was seen)

www.ehcc.org

Other: _____

