



**Archbishop Anthony Meagher
Catholic Continuing Education Centre**



Clinic for the Arts & Media Program (C-AMP) - October 27, 2018 AUDITION WORKSHOP

1. **The deadline for returning this application is Friday, Oct. 19, 2018** so that students can be scheduled into their selected arts areas.
2. The application form can be faxed, emailed OR brought in person to AJAX Campus, 458 Fairall St. Ajax, Fax: 905-683-9436 or email cont.ed@dcdsb.ca
3. Parents will be contacted to confirm a spot in the program. **It is important to PRINT all information clearly for contact purposes.**
4. Attached is a **DCDSB media consent form**. Please sign and return this form if you give media consent.
5. For questions about C-AMP please email amp@dcdsb.ca

C-AMP Location: All Saints CSS, 3001 Country Lane, Whitby

*Morning Session - 8:30 am to 11:00 am

*Afternoon Session - 12:00 pm to 2:30 pm

Note: By selecting one (1) arts area your child will be participating in a half-day session (morning or afternoon). You will be contacted about the start time of the session. It could be either morning or afternoon.

If you select two (2) arts areas, your child will participate in the full day. Please do not choose more than two arts areas. Students in the full day program are asked to bring a lunch.

Dance

Performing Arts - Vocal Music

Performing Arts - Drama

Visual Arts

Instrumental Music

Media Arts

Student Name (please print clearly):

Current Grade:

Date of Birth: Age:

Name of Elementary School:

Parent Email Address:
**to be used for program communication*

Home Phone:

Parent Cell Phone:

Home Address (*street, city, postal code*):

How will you travel to and from C-AMP? Local Transit Walk Car Bus Other: _____
(Transportation arrangements and costs are the student's responsibility.)

Do you have any medical conditions or food allergies that the teacher should be aware of? Yes No If yes, please explain:

Please be advised that a space in the camp is limited and a placement is not guaranteed.

Print Name of Parent(s)/Guardian(s): _____ Daytime Contact #: _____

Print Name of Emergency Contact: _____ Phone # _____

FOR CURRENT GRADE 6, 7 & 8 STUDENTS

Completed Applications can be faxed, emailed or sent in person by Friday October 19 to:

Continuing Education: Ajax Campus, 458 Fairall St., Ajax, L1H1G5

cont.ed@dcdsb.ca Tel: (905) 683-7713 Fax: (905) 683-9436



Principals: John Di Vizio, Jim Wilson
850 King St. W., Unit 26, Oshawa, ON, L1J8N5
(905) 438-0570

CODE OF BEHAVIOUR

Continuing Education aims to provide a safe and welcoming learning environment for its staff and students.

To achieve this, all members of the school community will:

- Contribute positively to the Christian climate of the school
- Respect others and the property of the school
- Co-operate in a positive manner in observing and complying with the regulations of the school
- Accept responsibility for their own learning, choices and actions
- Use language respecting the dignity of others
- Observe the non-smoking policy on school property

Students who fail to comply with the above expectations may be asked to leave the program.

Acts of Violence that threaten the safety of other students and staff will not be tolerated.

Examples of acts of violence include:

- Fighting
- Threats of serious physical injury
- Physical or sexual assault
- Extortion or robbery
- Possession of weapons or other dangerous materials
- Any hate motivated violence
- Vandalism

Actions which involve violence in any of these forms will always have serious consequences.

These will include:

1. Police involvement
2. Removal from Continuing Education Programs

* The information in this application will be used for purposes consistent with the Education Act and the Municipal Freedom of Information and Protection of Privacy Act.

***TRANSPORTATION COSTS TO AND FROM THE PROGRAM ARE
THE STUDENT'S RESPONSIBILITY***

We, the undersigned, agree to participation in the Clinic for the Arts and Media Camp (C-AMP) opportunity provided by the Durham Catholic District School Board under the conditions set forth in this agreement:

Student Name (printed)

Student Signature

Date

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date

Please return this completed media consent form to cont.ed@dcdsb.ca if you consent to the following:



Durham Catholic District School Board

Media (Audio, Video and Photography) Consent Form

This media consent form is for photos or videos taken at school or Board-related events during the current school year.

I hereby grant permission to the Durham Catholic District School Board (DCDSB) to use my (for student who is not a minor) or my child's (minor under my care) name, voice, image, biographical information, and quotations (or summaries from interviews) for, among other uses, the uses described below:

- internal and external promotion of DCDSB and its schools
- information brochures, fact sheets, posters or other display materials
- advertising on television, radio, web, internet, intranet or newspaper
- communication materials that may be released to the news media
- social media (Facebook, twitter, YouTube, etc.)

For clarity, such uses include the display, distribution, publication, transmission or otherwise use of photographs, images, audio, and/or video for use in materials that include, but may not be limited to, printed materials, videos and digital images.

I acknowledge and agree that any photographs, audio recordings and/or video recordings taken and later used by DCDSB will be owned by DCDSB. By signing this form, I agree to release the DCDSB and its representatives from any claim or liability that may arise from the above use and disclosure. For greater clarity, I acknowledge that DCDSB, its employees, agents and sub-contractors, cannot be held responsible for the conduct of media representatives upon release or publication. I waive any proprietary rights to this material and I hereby release DCDSB and its employees, agents and sub-contractors from any or all claims, actions, and liability for damages, losses or expenses of any sort which may arise in connection with such collection and use.

I acknowledge I have read and understood the contents of this form, and have been given full opportunity to obtain independent legal advice before signing this consent form. I give this consent of my own free will and not based upon representations or advice by DCDSB. If I want to withdraw my consent for the above collection and use, I will notify the Communications Department or school Principal.

I hereby give consent as follows:

Name of School Student Attends: _____

Printed Name of Student

Signature of Student

Date (Month, Day, Year)

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date (Month, Day, Year)

Witness – Printed Name

Witness – Signature

Date (Month, Day, Year)