



**THE UNIVERSITY OF THE WEST INDIES**  
 CAVE HILL CAMPUS, P.O. BOX 64, BRIDGETOWN. BB11000. BARBADOS  
**ERROL BARROW CENTRE FOR CREATIVE IMAGINATION**  
 Telephone: (246) 417-4776 Fax: 246-417-8903 Email: ebcci@uwichill.edu.bb

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**IMAGINE YOUTH**  
**Summer Arts Programme for (ages 11-18)**  
**Monday, July 6 – Friday, August 7, 2009**  
**9:00 a.m. – 3:15 p.m.**

THIS PROGRAMME HAS BEEN SPECIALLY DEVELOPED FOR TEENS WITH EXPERIENCE IN THE ARTS,  
 WHO ARE KEEN TO CONTINUE THE BROAD DEVELOPMENT OF THEIR SKILLS.  
 PLEASE NOTE, IF THE REQUIRED NUMBER OF PARTICIPANTS HAVE NOT REGISTERED,  
 THIS PROGRAMME WILL NOT BE OFFERED AND ALL PAYMENTS WILL BE REFUNDED.

<b>REGISTRATION</b>
<b>Monday, June 22 to Friday, July 3, 2009</b>
Registration Fee – Bds \$20.00
Programme Fee – Bds \$480.00
Late Fee – Bds \$50.00 (until Friday July 10)

Name: .....

Address:.....

Telephone: ..... Email: .....

Date of Birth: ..... / ..... / ..... (dd /mm/yyyy) Age: ..... Male:  Female:

School: .....

Why are you interested in this Programme? .....

.....

What will be your specialty? (Please tick appropriate boxes)

Drama     Dance     Creative Writing     Film

Any other interests? \_\_\_\_\_

**To be completed by Parent/Legal Guardian:**

Person to contact in case of Emergency: .....

Relationship: ..... Email: .....

Telephone (Home): ..... (Work): ..... (Cell): .....

Does your child/ward have any allergies? Specify: .....

Is he/she allergic to any medications? Specify: .....

Would you give your child/ward permission to leave the EBCCI on tours/visits as part of the scheduled programme? Yes  No  Contributions will be required for transportation.

**Waiver & Release:**

I, the undersigned, hereby certify that I am the Parent/Legal Guardian of the participant and hereby give permission to the Staff of the Errol Barrow Centre for Creative Imagination (EBCCI), UWI Cave Hill Campus to seek the appropriate medical attention necessary to ensure the well-being of my Child/Ward, in the case of an emergency.

By registering for this Programme, participants have agreed to allow the EBCCI to use photographs and/or video recordings taken throughout the Programme by the EBCCI Administrative Staff or Representative(s) for archival and promotional purposes.

I understand for myself, our heirs, executors, and administrators, and agree to waive, release and forever discharge the Errol Barrow Centre for Creative Imagination, The University of the West Indies, Cave Hill Campus, its Principal, Registrar, Director, Staff, Tutors, agents, representatives and successors from all rights and claims for damages, injuries, or loss of personal property which may occur or be sustained during the **IMAGINE YOUTH** Summer Arts Programme.

**Name of Parent/Guardian:** .....

**Signature:** ..... **Date:** .....

**THE UNIVERSITY OF THE WEST INDIES  
CAVE HILL CAMPUS  
ERROL BARROW CENTRE FOR CREATIVE IMAGINATION**

**IMAGINE YOUTH  
Summer Arts Programme for (ages 11-18)  
Monday, July 7 – Friday, August 7, 2009  
9:00am – 3:00pm**

<b>REGISTRATION</b>
<b>Wednesday, June 22 to Friday, July 3, 2009</b>
Registration Fee – <b>Bds \$20.00</b>
Programme Fee – <b>Bds \$480.00</b>
Late Fee – <b>Bds \$50.00</b> (until Friday July 11)

**FOR OFFICIAL USE ONLY. PLEASE DO NOT WRITE IN THIS BOX**

Received by: .....

Date: ...../ ...../ .....

Receipt #: .....

Amount Paid: .....

Payment type:           Cash           Company/Manager's cheque

Late Registration:       YES           NO

Signature: .....

**PARENTS/GUARDIANS... PLEASE NOTE...**

**(Please retain for your information)**

- (1) ***IMAGINE YOUTH*** – Summer Arts Programme for (ages 11-18) Monday July 6, to Friday August 7, 2009 at the Errol Barrow Centre for Creative Imagination (EBCCI), UWI, Cave Hill.
- (2) Your child/ward must bring lunch to the ***IMAGINE YOUTH*** programme. Lunch will **NOT** be provided by the EBCCI.
- (3) Participants will be asked to take part in **ALL** classes; they must bring a change of clothes for Dance & Drama classes.
- (4) Your child/ward **must** be collected promptly by **5:00 p.m.**; a **\$5:00 After-care Fee** will be charged after 3:00 p.m. for each hour or part thereof. The EBCCI Administrative Staff must be notified if your child/ward will be collected by someone else.
- (5) Photographs and Video recordings will be taken throughout the Programme by the EBCCI Administrative Staff or Representative(s) for archival and promotional purposes.
- (6) End of Programme Concert will be on August 8 & 9, 2009 (times to be announced).
- (7) This is a list of items for each participant to bring with them everyday to ***IMAGINE YOUTH***:
  - Journals/notebooks for taking notes;
  - Pens, pencils, coloured markers;
  - Used dark coloured towels, exercise mats (for lying on floor during vocal training, acting techniques);
  - Towels for drying off during and after dance and movement classes

**Please note:** There are limited shower facilities and persons wishing to shower after class are advised to bring slippers to wear in the bath facilities.

**VERY IMPORTANT:**

Participants of ***IMAGINE YOUTH*** – Summer Arts Programme are prohibited from:

- wandering off the premises of the Errol Barrow Centre for Creative Imagination;
- eating in areas not designated for that purpose;
- chewing gum on the premises;
- misbehaving in and around the premises; this will not be tolerated;
- possession and use of drugs, weapons and/or any other illegal or inappropriate materials onto the compound.

Participants are asked to carefully note that breaking the rules may result in the forfeiture of the participant's place in the programme and fees paid may not be refunded. Name tags must be worn at all times except during dance, drama or movement classes. Participants must at all times conduct themselves on a courteous and respectful manner in relation to EBCCI Staff, Tutors, and Volunteers and to your Peers.