



The T.O.A.S.T. Summer Film Camp

treeofallseasonstheatre.com



2024 Information Packet

Welcome to the **Tree of All Seasons Summer Film Camp**, a two week long comprehensive, interactive, and in-depth experience in film for students *currently* enrolled in grades 9-12. Students will gain practical experience in acting for the camera, cinematography, and sound recording by participating in the actual filming and production of several short films. These films will be presented to the public at a special screening in the early Fall.

Producers: Chad Weddle, Alec Bowling, Charlotte Kaepfner & Katie Hehn

Directors: Joey Loebker, Jack Chandler, Andrew Kaepfner, Mason Weber & Claudia Wright

The camp will be structured into units of 20 students. Each participating student will be involved with two film projects, as an actor in a principle or supporting role in one, and as a technical crew member on the other.

Camp Details

Dates & Times:

REGISTRATION DEADLINE: March 1st.

SCREEN TEST: May 23rd from 6-9 pm. Students will read scenes in front of Directors and the camera. Audition material (sides) will be emailed to students prior to this date.

CAMP: Two weeks, June 10th – June 14th and June 17th – June 22nd

Week One: Pre-Production Week. From 6-9pm Monday-Friday. Includes table work, rehearsal, training on all equipment, production meetings, scheduling, etc.

Week Two: Shooting Week. Filming will generally start at 8 am and end at 5 pm each day. Includes all film shoots as needed by each particular film project, as well as an evening event Saturday night.

Locations:

The Screen Test and Pre-Production week will take place at Parkside Church (6986 Salem Road, 45230).

During Shooting Week, the location and timing of each event will depend on many variables, so please do your best to clear your schedule of all conflicts for this week and be prepared to travel to locations locally and in the greater Cincinnati area.

Cost: \$400 per student. This includes a Camp t-shirt and food on shoot days.

Early Bird Registration: Save \$50 per student if you register and pay in full by February 1st!!

To Register: Fill out the attached forms, add a headshot, resumé, and a check (made out to TOAST), and mail them to:

**FAD/TOAST Summer Film Camp, c/o Chad Weddle
8053 Asbury Hills Dr., Cincinnati, OH 45255**

Optional Online Registration: Visit our website for instructions. **Remember that your registration will not be complete until full payment is received.**

REGISTRATION DEADLINE: March 1, 2024.



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Student Registration Form

NOTE: There is a 40 student minimum and a 80 student maximum for this camp. If the minimum is not reached, or if registration forms are received after the camp is filled, students will be notified and full refunds will be given.

Student's Name: _____ Cell Phone: _____

Email: _____ Grade (in Fall 2024): _____ T-Shirt Size: _____

Parent Name(s): _____ Parent Email: _____

Address: _____ Parent Phone: _____

Headshot & Resumé: All students will be cast in a lead or supporting role. Include a headshot photograph (5 by 7 or larger) and a resumé (or list of your past theatrical experience) with this reservation form.

Tech Crew Preferences: All students will be placed on a technical crew. Indicate your top **three** choices here with a 1, 2, 3:

Unit Production Manager (in charge of communication and organization)

Assistant Director (oversees the designers to ensure all is ready for filming)

Camera Operator (runs the camera during filming) Props Designer (acquires/prepares all props)

Key Grip (sets up scenes/locations for filming) Gaffer (in charge of lighting during filming)

Sound Designer (records/creates all sound) Wardrobe (designs & applies costumes/hair/make-up)

Conflicts During Shooting Week

The location and timing of each event during Shooting Week will depend on many variables. We hope you can clear your schedule for this week, but understand that work/family events may already be in place. Please fill in the following as accurately as you can. This will be used to create the final shoot schedule. You must contact us **immediately** if you have additional conflicts.

| <u>DATE</u> | <u>CONFLICT TIME</u> | <u>REASON</u> |
|--|----------------------|---------------|
| Monday June 17 | _____ | _____ |
| Tuesday June 18 | _____ | _____ |
| Wednesday June 19 | _____ | _____ |
| Thursday June 20 | _____ | _____ |
| Friday June 21 | _____ | _____ |
| Saturday June 22 | _____ | _____ |
| Sunday June 23 (possible re-shoots) | _____ | _____ |



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Medical Information Form



Emergency Contact: In case of emergency, if a parent cannot be reached, please contact:

Name: _____ Daytime Phone: _____

Relationship to student: _____

Vaccinations: All required vaccinations are up to date.
 All vaccinations are up to date EXCEPT those marked below:
 DPT Measles/Mumps TB Polio Tetanus Hepatitis

Allergies: Please list any allergies this student has: _____

_____ Student carries/can use an Epipen.

Medications: Please list all medications currently being taken, or check Student is NOT currently taking medication.

I give permission for the above listed medication(s) to be administered by Camp Staff.
(Medications must be sealed in their original container, with written dosing instructions, and given directly to a member of the camp Staff.)

Medical Conditions: List any medical conditions requiring special needs: _____

List any serious illness or recent operation that might impact the student's participation in camp activities: _____

Insurance Information: Is the student covered by family medical/hospital insurance? Yes No

If yes, provide insurance information: Carrier/Plan Name: _____

Group # _____ Insurance ID Number: _____

Name of Insured: _____ Relationship to student: _____

Parent/Guardian Permission and Consent to Treatment: The above named student is in good physical condition and has had a physical examination in the past 12 months. He/she has my permission to attend camp and participate in all activities except those noted above. This health history is correct to the best of my knowledge. In the event that reasonable attempts to contact me at the provided phone number(s) have been unsuccessful, I hereby give consent to the administration of emergency treatment by any licensed physician or dentist and to the transfer of the student to any reasonably accessible hospital facility. This authorization does not cover major surgery, unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are first obtained.

Signature of Parent or Guardian: _____ Date: _____



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Minor Participation Agreement



I/We the undersigned parent(s) or legal guardian(s), give permission for my child(ren) to participate in the current year's Summer Film Camp program ("Program") offered by Tree Of All Seasons Theatre, LLC ("TOAST"). I understand that the Program may involve various activities including, but not limited to, physical activities, work with film and other equipment, and participation at multiple locations, both indoors and outdoors. Locations may include Anderson Center, local school campuses, parks, and private residences. I recognize that certain risks are inherent in the Program's activities and, for and on behalf of myself, my spouse and my child(ren), specifically assume and accept all risks of the Program's activities and give my permission for my child(ren) to participate in any or all of the Program's activities with the full understanding that the Program may include activities and locations not specifically set forth in this Agreement.

From time to time, the Program will take place at multiple locations during one session. I understand that I am responsible for the transportation of my child(ren) to/from/and during the Program sessions.

If there are any activities, physical or otherwise, that I do not wish for my child(ren) to engage in, I agree to advise TOAST in writing. Further, if there are any locations, indoors or outdoors, at which I do not wish for my child(ren) to participate, I agree to advise TOAST in writing. Additionally, I have completed a Medical Release/Permission form on behalf of my child(ren) and have fully advised TOAST of any and all medical conditions, allergies, and physical restrictions.

Further, I, for and on behalf of myself, my spouse, my child(ren), and our heirs and next of kin, release and forever discharge and agree to indemnify and hold harmless TOAST, its members, officers, directors, employees, agents, successors and assigns, from any and all claims, demands, actions, costs, expenses, causes of actions, damages or liability arising out of, or in any way related to, my child(ren)'s participation in the Program or any of the Program's activities, including, but not limited to, claims, demands, actions, costs, expenses, causes of action, damages or liability caused or alleged to be caused by the negligent acts or omissions of TOAST or any of its members, officers, directors, employees, agents, successors and assigns.

Camper's Name: _____ Date of Birth: _____

Parent/Guardian Printed Name: _____

Relationship to Camper: _____ Date Signed: _____

Parent/Guardian Signature: _____



T.O.A.S.T. Summer Film Camp

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19



The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing.

The Tree of All Seasons Theatre LLC (TOAST) has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, TOAST cannot guarantee protection against infection with COVID-19. Further, attending any TOAST program may increase the risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I and other members of my household may be exposed to, or infected by COVID-19 by attending TOAST programming, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the TOAST program may result from the actions, omissions, and negligence of myself and others, including but not limited to, TOAST employees, program participants, and their families. I understand that, based on the inherent nature of children and children's activities, it is likely impossible to prevent all potential sources of transmission of COVID-19 despite all reasonable efforts of TOAST.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren), myself, or members of my household including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) or members of my household may experience or incur in connection with my child(ren)'s attendance at the TOAST program. On my behalf, and on behalf of my child(ren) and members of my household, I hereby release, covenant not to sue, discharge, and hold harmless TOAST, its employees, agents, and representatives, of and from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto as a result of my child(ren)'s attendance at the TOAST program. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of TOAST, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any TOAST program.

Camper's Name: _____ Date Signed: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____