



Thank you for your interest in Film Camp 2020!

The RIDGE Project is hosting our 17th annual Film Camp from **July 25 – 30, 2020**. At Film Camp, students will be assigned to one of various teams and will participate in creating a 28-second public service announcement (PSA). These PSA's are all about the importance of avoiding all risky behaviors and will provide students with a platform for their voices to be heard. Each team produces the entire PSA themselves with guidance and instruction from media and film production experts from conceptualizing, to acting; from filming, to editing. The week concludes with a Film Festival where judges will vote for the winning PSA. This year's Film Festival will be taking place at The Field of Dreams Drive-in Theater, in Liberty Center, OH, where we will finish the week off with friends and family to watch the PSA's on the big screen followed by a featured presentation!

Film Camp is open to all teens ages 11 – 18 to apply, however, space is limited, and acceptance is not guaranteed.

Due to Covid-19, this year's Film Camp will look a little different in order to follow suggested guidelines that have been put in place by Gov. Mike DeWine and other state/local officials.

We want to hear from you! Upon receiving this application, we would like you to review the two possible options (located on the student application) for gathering at Film Camp this year. We ask that you please **select the one option** that you would prefer. After receiving the applications back, as a staff, we will review all student applications and decide as to how we will move forward. It is dire that you fill out the application and send it back ASAP, so that we can hear back from you before moving forward.

We are dedicated to make Film Camp as fun as possible, while still considering COVID-19 guidelines, and are committed to making it the best experience for each and every participant, while still considering everyone's safety!

Film Camp 2020 – Price Per Student

There will be **NO COST** for Film Camp this year!

ALL applications due by July 1st, 2020.

Please complete your Film Camp 2020 Application and return to:

The RIDGE Project
J169 State Route 65
McClure, OH 43534
Attn: Jordan Velez

If you have any questions, please contact Jordan Velez at (419) 278-0092 x230.

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FILM CAMP 2020 – APPLICATION FORM

Student Name: _____

Address: _____ City: _____

State: _____ Zip: _____ School: _____

Student Email: _____

Primary Phone: _____ Alternate Phone: _____

Date of Birth: ____/____/____ Age: _____ Grade: _____ Gender: Male Female

Race: _____ T-Shirt Size: _____

Are you currently participating in a RIDGE program? Yes No

If so, which program? In-school TYRO ROP After-school TYRO ROP OYC

*Please Select **One**:*

I would like to gather:

Option #1 in small groups, at a designated location(s)

Option #2 at a day camp, at one location

****Please note:** this is your preferred location, and that this is of your request. Your request will be considered; so please know whatever option you chose, that does not mean that is the option we will go with.

IF THE PARTICIPANT IS UNDER 18 YEARS OLD

I, _____, give permission for my child, _____, to participate in the **Film Camp 2020** from **July 25th – 30th**. I will ensure that my child has transportation to and from the designated drop-off location.

Parent/Guardian Signature: _____ **Date:** _____

Please Note: Your application is not confirmed nor reserved. Due to the limited space, we recommend submitting your application promptly.

****Please return these forms to: The RIDGE Project, J169 SR 65, McClure, OH 43534**



1) Why do you want to attend Film Camp 2020? Please explain.

2) What does being a leader mean to you? Please explain.

3) Do you think our culture helps teens make good decisions and avoid risky behaviors?

4) Have you made a personal decision to avoid risky behaviors such as avoiding alcohol, drugs, and sex before marriage?



Use of Photographic and Video Consent Form

I hereby confer on The RIDGE Project (hereafter referred to as “the host organization”) the absolute and irrevocable right and permission with respect to the photographs and video footage that they have taken of my child in which they may be included with others:¹_{SEP}a) To copyright the same in the host’s name or any other name that they may select; b) To use, reuse, publish and re-publish the same in whole or in part, separately or in conjunction with other photographs and video footage, in any medium now or hereafter known, and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion, advertising and trade.

I hereby release and discharge the hosts from all and any claims and demands ensuing from or in connection with the use of the photographs and /or video footage, including any and all claims for libel and invasion of privacy. This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of the hosts. I have read the foregoing and fully understand the contents hereof. I represent that I am the [parent/guardian] of the below named participant. I hereby consent to the foregoing on their behalf.

Date: _____
Student(s) Name: _____
Primary Phone: _____ Secondary Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Parent/Guardian: _____
(Print Name)

(Signature)



Liability and Medical Release Form

I/We understand that The RIDGE Project, its employees, volunteers, directors, and agents, all agents, (hereafter referred to as "HOST") are not responsible or liable for any and all losses, damages, or thefts including, without limitation, replacement cost for keys, linens, screens, damages to camp property, or any personal property including, but not limited to, cell phones, electronic devices, and other valuables. I/We also understand that decorations (i.e. tape, glue, hooks, wires, etc.) that mark or damage walls, ceilings, floors, closets, windows, fixtures, or furnishings are prohibited.

I/We understand that all reasonable safety precautions will be taken at all times by the HOST and their agents during this event and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed below. In the event I/we cannot be reached, I hereby give my permission to the physician or dentist selected by the representative of the HOST to secure proper medical treatment for the subject of this release. I/We knowingly and voluntarily assume all risks involved in my child's participation, and do hereby release and discharge the HOST including but not limited to The RIDGE Project, its employees, volunteers, directors, and agents from any and all liability, damages, costs, and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this leadership camp, regardless of cause.

I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in The RIDGE Project's Film Camp.

Student Signature

Parent/Guardian Signature

EMERGENCY CONTACT INFORMATION

Primary Contact Name: _____

Relationship to Student: _____

Primary Phone #: _____ Alternate Phone #: _____

Emergency Contact Name: _____

Relationship to Student: _____

Primary Phone #: _____ Alternate Phone #: _____

Emergency Contact Name: _____

Relationship to Student: _____

Primary Phone #: _____ Alternate Phone #: _____

MEDICAL INFORMATION

Please completely describe any medical condition which may recur or be a factor in medical treatment:

a. Allergy: _____

b. Physical Handicap: _____

c. Seizures: _____

d. Medicine Reactions: _____

e. Blackouts: _____

f. Disease of any kind: _____

g. Heart or lung problems: _____

h. Other (Be Specific): _____

If currently taking medication, please provide the following information:

* Name of medication: _____

* Prescribing Physician
and Phone Number: _____

Any other medical concerns we should be aware of? Please be specific.

Student is covered by _____ Yes _____ No
medical insurance?

If yes, complete the following information:

Name of Insured: _____

Insurance Company: _____

Phone Number: _____

Address (Found on back of card): _____

Group #: _____

Policy #: _____

FILM CAMP 2020 PRODUCTION ROLES

Please sign-up for up to three of the following roles. Note which roles would be your 1st, 2nd, and 3rd choice.

CREATIVE DEVELOPMENT

Writer: _____

(Organize team brainstorming ideas into creative concept, write script)

Storyboard Artist: _____

(Draw picture for each shot of concept with script underneath each shot)

FILMING / PRODUCTION

Director: _____

(Provide overall creative direction during filming and editing)

Line Producer: _____

(Keep filming on schedule by being sure everyone is in the right place at the right time)

Lighting: _____

(Setup lighting to the director's specifications)

Sound: _____

(Record sound for each scene and shot)

Makeup/Stylist: _____

(Determine visual style / look of actors and set)

Actors: _____

(Star in commercial **Must have signed Photo Release Form granting permission*)

Camera: _____

(Film PSA scenes, track scene, start and end time with Time Keeper)

Time Keeper: _____

(Track scene start and end times with Camera operator, provide Editor with completed Time Keeper log)

Production Assistant: _____

(Assist Filming / Production crew with various needs)

POST PRODUCTION

Music: _____

(Develop music using garage band on Mac computer. NOTE: No more than TWO people can sign up for music production because there is ONLY ONE computer per group)

Video Editors: _____

(Edit the commercial, add music and any voice over using Premier Pro on PC / Mac computer. NOTE: No more than TWO people can sign up as Editors because there is ONLY ONE computer per group)

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