

# THEIA STUDIOS

EDUCATION for IMAGING ARTS



MOTIVATE // INSPIRE // EDUCATE // EMPOWER

At Camp THEIA, our goal is to deliver a robust photo based art education program in a fun, inspiring and thought-provoking format. We believe "learning-by-doing" as well as moving the mind and body makes a more lasting imprint.

While exploring beautiful Newburyport, each child will be encouraged to make perceptions of their surroundings and learn to communicate those perceptions through the lens. At Camp THEIA we emphasize this process as well as the techniques and technology that go along with it. Guided by experienced photographers/educators, students are paced through hands-on projects which are designed to engage and motivate while learning the basics of photography and videography.

What emerges from our approach is an exciting, hands-on exploration of individual creativity and self-expression through art.

Join us on this adventure as we explore, inside and out, with Camp THEIA!

HOSTED BY NEWBURYPORT ART ASSOCIATION  
IN ASSOCIATION WITH NOCK MIDDLE SCHOOL.  
PROGRAM RUNS JUL 7–AUG 1, 2014  
MONDAY THRU FRIDAY, 9 A.M.–2 P.M.

## the **big** picture

### WEEK 1—PHOTO CAMP

#### YOU'LL LEARN:

- composition to make amazing photographs.
- quick functions to change exposure, motion and mood.
- shoot different camera types such as DSLR, iPhone, Holga.
- explore Newburyport while learning photography.
- journal a "photo story" on a person or on yourself.
- go on a photo scavenger hunt!

### WEEK 2—PHOTO FUSION CAMP

#### YOU'LL LEARN:

- more photography.
- video capabilities of your digital device.
- cinematography camera moves and angles.
- combine photography & video to create an iMovie.
- create a video/photo "journal" to tell a story of a person or yourself.



# Safety and Medical Questionnaire

## Child's Name:

Please tell us, in full, about any medical/health, and/or developmental or behavioral conditions, including speech, occupational therapy, or the like, past or present, and any other pertinent information that might aid in the enhancement of your child's camp experience. Use a separate sheet as necessary. We strive to care for children with various needs, but we need your full input to succeed.

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Please list all allergies, current medication(s), vitamins, inhalers, etc. Please note that if your child requires an emergency allergy kit (i.e. EpiPen, bee sting kit, or inhaler, etc), you must supply medication labeled with child's name and detailed instructions on our Permission to Administer Medication form prior to your child's attendance. Kits are returned if unused. A form will be emailed to you if applicable.

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We will be walking/standing for a portion of each day, weather permitting. Please indicate any issues, conditions or reasons why your child may not be able to participate in this activity. Please list any special arrangements that are required to make your child's experience comfortable and enjoyable.

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Additional Comments or things we should know to make your child's experience awesome!

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The safety of your child is of utmost importance to us. We will require your child to remain with us at all times and will only be released to an authorized adult. Pick up must be at Newburyport Art Association and a photo ID will be required to confirm identification. Should the need for alternate arrangement arise, a written request will be required prior to the day of.

The following individual(s) are authorized to pick up my child (in addition to parent/guardian):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

**Emergency Contact Information:**

In the event that your child requires medical care (emergent or otherwise), we will make every effort to contact each parent/guardian listed on the registration form. If we cannot reach you, please list additional people we can contact.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

I have ready the Safety & Medical Questionnaire and made every attempt to provide clear, legible and correct information.

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

**Permission & Liability Waiver:**

My child, \_\_\_\_\_, has permission to fully participate in THEIA Studios Inc., CAMP THEIA's summer photo camp activities during the weeks I have indicated. I, as parent/legal guardian, do hereby grant the CAMP THEIA staff and designated adults the right to authorize emergency medical treatment for my child in the event that my designated representative or I cannot be reached. I agree to hold harmless THEIA Studios Inc., CAMP THEIA and its agents from liability resulting from an accident. The Massachusetts Good Samaritan Law will apply. I hereby grant permission for staff to take whatever steps may be necessary to obtain emergency treatment for my child. These steps may include, but are not limited to, the following: 1. In a life-threatening emergency or urgent situation, staff will call 911 before making any attempt to contact parents. 2. For a non-life-threatening emergency, we will attempt to call the parent/guardian first, and if we cannot reach them, we will attempt to contact the Emergency contacts listed on the Emergency Information form. If we cannot make an appropriate contact, we will call paramedics. I understand that CAMP THEIA and staff will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent/guardian's failure to provide information at the time of enrollment. I understand that staff will not administer drug or medication without specific written & signed instruction from the health care provider and/or the child's parent/guardian. Enrollment for your child in CAMP THEIA 's Photo Camp Program constitutes your agreement to this waiver. I understand that all Emergency Information on the Emergency Form must be completed before my child may attend camp.

I have read and understand all policy and procedural information provided.

**Publicity Release Form (optional):** I authorize THEIA Studios Inc., CAMP THEIA to use a photograph or other image of my child for public relations purposes connected to this summer camp program and future programs associated with CAMP THEIA. I understand that my child's name will not be published with an image.

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date