

NOT YOUR AVERAGE CAMP

NOT YOUR AVERAGE KID

Summer 2014 Music Therapy Camps for Children Ages 6–14 On the Autism Spectrum, or With Related Developmental Disabilities

The Music Therapy Program at Seattle Pacific University

is the first undergraduate Music Therapy program in Washington state. Under the direction of Associate Professor of Music Carlene Brown, PhD, MT–BC, its rigorous, multidisciplinary curriculum trains musicians both to realize their full potential as music therapists and to pass the national examination to earn their Board Certified Music Therapist (MT–BC) designation. A distinct element of SPU's program is the encouragement of physical, emotional, and spiritual well-being. The program also offers many opportunities for musicians to use their skills to serve others through the functional use of music. For more information, visit spu.edu/musictherapy.

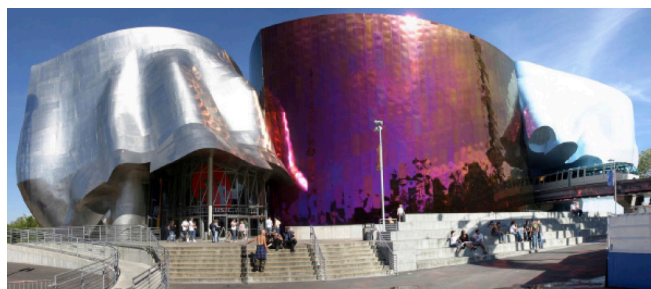


Carlene Brown, PhD, Director
Associate Professor of Music,
Seattle Pacific University
Board-Certified Music Therapist



Andrew Zook, MT-BC, Camp Director
Alumnus, Seattle Pacific University
Board-Certified Music Therapist

EMP Museum is housed in a 140,000-square-foot building that includes multiple innovative galleries, an interactive sound lab, and a concert venue with state-of-the-art sound and lighting that houses the largest indoor LED screen in the world. Since opening its doors in 2000, EMP Museum has welcomed more than five million visitors. Through dynamic programs, cutting-edge technology, and interpretative, interactive exhibitions focused on American popular culture, EMP seeks to engage museum visitors in critical thinking about creativity in contemporary society by educating and inspiring a range of visitors of different ages, interests, and experience. For more information, visit empmuseum.org.



EMP Museum

SEATTLE PACIFIC UNIVERSITY MUSIC THERAPY CAMPS AT EMP MUSEUM

FOR CHILDREN AGES 6–14 ON THE AUTISM SPECTRUM, OR
 WITH RELATED DEVELOPMENTAL DISABILITIES

Seattle Pacific University, in partnership with EMP Museum, is hosting Music Therapy Camps. These camps, led by Seattle Pacific University board-certified music therapists and student interns, provide opportunities for social engagement, enhanced awareness and appreciation of self and others, and creative expression through alternative communication styles of music-making. Through individual and group experiences, music therapists will offer experiences within a structured setting to explore music, including drumming, singing, and improvisational music-making.

We will have a great therapist/camper ratio to ensure your child's fun with music!

MORNING AND AFTERNOON MUSIC THERAPY CAMPS

EMP has always been an exciting place for children to explore their own creativity in music, art, and dance with their peers. Music Therapy Camps are facilitated environments in which children on the autism spectrum, or with related developmental disabilities, add their own beats and melodies to this vibrant museum. Children will make music through voice, percussion, and dance, and engage in social experiences with their peers, and with music professionals and student interns from Seattle Pacific University.

The camps are open to children 6–14 years of age on the autism spectrum, or with related developmental disabilities. No prior music instruction or special ability is required. For more information, call **206-281-2411** or email **mtcamps@spu.edu**.

CAMP	AGES	DATES	TIMES
June Morning	6–10 yrs.	June 23–27	9–11:30 a.m.
June Afternoon	10–14 yrs.	June 23–27	1–4 p.m.
July Morning	6–10 yrs.	June 30–July 3	9–11:30 a.m.
July Afternoon	10–14 yrs.	June 30–July 3	1–4 p.m.

CHILD INFORMATION

<hr/>				<input type="radio"/> FEMALE	<input type="radio"/> MALE
NAME (FIRST AND LAST)		NICKNAME			
<hr/>					
ADDRESS					
<hr/>					
CITY	STATE	ZIP	HOME PHONE		
<hr/>				<input type="radio"/> PRIVATE	<input type="radio"/> PUBLIC
DATE OF BIRTH	GRADE ENTERING THIS COMING FALL		SCHOOL NAME		
<hr/>					
SHIRT SIZE: <input type="radio"/> SMALL <input type="radio"/> MEDIUM <input type="radio"/> LARGE <input type="radio"/> X-LARGE					
INSTRUMENT/MUSICAL STYLE PREFERENCES: <hr/>					
<hr/>					
WILL YOU BE PROVIDING YOUR CHILD WITH AN AIDE OR PERSONAL ASSISTANT AT THIS CAMP? <input type="radio"/> YES <input type="radio"/> NO					
MEDICAL/BEHAVIORAL NOTES: <hr/>					
<hr/>					
<hr/>					

PLEASE NOTE: IF YOUR CHILD REQUIRES A PERSONAL ASSISTANT OR AIDE, PLEASE ATTACH HIS OR HER CONTACT INFORMATION. NO ADDITIONAL FEE WILL BE CHARGED FOR MEDICAL/BEHAVIORAL ASSISTANTS TO ATTEND.

QUESTIONS OR CONCERNS MAY BE DIRECTED TO DR. CARLENE BROWN AT MTCAMPS@SPU.EDU.

PARENT/LEGAL GUARDIAN INFORMATION

<hr/>			RELATION TO APPLICANT		
NAME (FIRST AND LAST)			<hr/>		
ADDRESS			EMAIL		
<hr/>			<hr/>		
CITY	STATE	ZIP	HOME PHONE	WORK/CELL PHONE	
<hr/>			<hr/>		
NAME (FIRST AND LAST)			RELATION TO APPLICANT		
<hr/>			<hr/>		
ADDRESS			EMAIL		
<hr/>			<hr/>		
CITY	STATE	ZIP	HOME PHONE	WORK/CELL PHONE	
<hr/>			<hr/>		

PLEASE NOTE: PARENTS OR GUARDIAN LISTED ABOVE WHO WISH TO ASSIST THEIR CHILD ARE WELCOME TO ATTEND ANY PORTION OF THE CAMP AT NO ADDITIONAL FEE.

EMERGENCY CONTACT INFORMATION (Parent or legal guardian preferred)

<hr/>			RELATION TO APPLICANT		
NAME (FIRST AND LAST)			<hr/>		
ADDRESS			EMAIL		
<hr/>			<hr/>		
CITY	STATE	ZIP	HOME PHONE	WORK/CELL PHONE	
<hr/>			<hr/>		

CHILD HEALTH INFORMATION

 NAME (FIRST AND LAST) (HEREAFTER REFERRED TO AS "MINOR")

 WEIGHT HEIGHT AGE

 NAME OF PHYSICIAN PHONE

PLEASE DESCRIBE ANY MEDICAL CONCERNS, ALLERGIES, OR PHYSICAL CONDITIONS:

AUTHORIZATION TO SEEK MEDICAL TREATMENT

Important: The following must be completed for attendance.

In the case of accident or illness, I hereby give permission to SPU and EMP to seek medical and/or surgical treatment that a medical professional may deem necessary for my child. In the event I or my emergency contact cannot be reached, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations, operations, treatment, or all other related care, including the administration of drugs, tests, injuries, anesthesia, and/or blood transfusions to the above-named Minor that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical report(s) to any doctor or agency, and consent to the admission of the above named Minor to the hospital. I hereby assume full and complete responsibility for costs and expenses of such medical treatment, including the cost of emergency transportation to a medical facility.

 PRINTED NAME OF PARENT AND/OR GUARDIAN RELATIONSHIP TO APPLICANT

 SIGNATURE OF PARENT AND/OR GUARDIAN DATE

LIABILITY RELEASE

Important: This must be completed for attendance.

I authorize my child to participate in the Music Therapy (MT) Camp. I acknowledge the inherent risks that may result from my child's participation in the MT Camp, including falls, fractures, contraction of infectious diseases, or misbehavior of other children, all of which may result in injury or loss of life to my child or damage to his/her/our property. I hereby assume these risks, including those caused by simple negligence of SPU or EMP; release all claims held by me, my spouse, and my child arising from my child's participation in the MT Camp; and accept full responsibility for the cost of all medical treatment to my child as a result of any injuries caused by or through such other risks.

I further agree to indemnify and hold harmless SPU and EMP and their officers, employees, agents, students, and representatives from any injuries, liabilities, claims, damages, and expenses, including attorney fees, incurred by SPU, EMP, me, my child, or on behalf of my child, arising from my child's attendance and participation in the MT Camp, except that each party shall bear any liabilities or expenses arising in whole or in part from its own negligent acts or omissions or those of their respective officers, employees, agents, students, and representatives.

If the provision of this agreement is found to be invalid or unenforceable, then the remainder of this agreement will have full force and effect, and the invalidated provision will be modified, or partially enforced, to the maximum extent permitted by Washington State Law.

I have read all of the above terms and conditions, and I understand and agree to be bound by them.

PRINTED NAME OF PARENT AND/OR GUARDIAN
RELATIONSHIP TO APPLICANT

SIGNATURE OF PARENT AND/OR GUARDIAN

DATE

PHOTO RELEASE

Please note that approval of this release is not required for your child to attend Music Therapy Camp. However, your approval will help us to promote future workshops and other educational youth offerings.

I, as parent or legal guardian for "Minor," give SPU and EMP permission to use Minor's materials (defined as visual images or audio recordings) in its internal publications for SPU and EMP publicity, and in external publications such as local, regional, and national newspapers, magazines, websites, and brochures. There is no expiration date on this release, and I will not seek compensation for usage. This release does not include permission for SPU or EMP to sell any of the materials.

PRINTED NAME OF PARENT AND/OR GUARDIAN
RELATIONSHIP TO APPLICANT

SIGNATURE OF PARENT AND/OR GUARDIAN

DATE

HOW DID YOU HEAR ABOUT US?

- ☐ SPU/EMP Website ☐ SPU/EMP Email/Newsflash ☐ Teacher/Counselor ☐ Friend
☐ Newspaper ☐ Magazine ☐ Brochure at _____ ☐ Flier at _____
☐ Other _____

CAMP SELECTION

CAMP	AGES	DATES	TIMES	FEE	✓
June Morning	6–10 yrs.	June 23–27	9–11:30 a.m.	\$225	
June Afternoon	10–14 yrs.	June 23–27	1–4 p.m.	\$225	
July Morning	6–10 yrs.	June 30–July 3	9–11:30 a.m.	\$180	
July Afternoon	10–14 yrs.	June 30–July 3	1–4 p.m.	\$180	
TOTAL:				\$	

REGISTRATION AND PAYMENT

Nonrefundable payment in full is required with registration. Full payment will be refunded if a camp is canceled due to insufficient enrollment or lack of available space. Please note that enrollment in the Music Therapy Camps is limited. Registrations are processed on a first-come, first-served basis.

To register your child for the camp:

1. Register and pay online at spu.edu/mtcamps2014.
2. Fill out, sign, and mail pages 3–6 (**Child Information, Child Health Information, Authorization to Seek Medical Treatment, Liability Release, Photo Release, and Camp Selection**) to:

Seattle Pacific University Music Department
 3307 Third Ave West, Suite 310
 Seattle, WA 98119
 Fax: 206-281-2430
 Email: mtcamps@spu.edu

Note: No child will be able to attend camp without completed and signed forms. Please allow 7–10 business days to process and confirm your registration and payment.

SEATTLE PACIFIC UNIVERSITY MUSIC THERAPY CAMPS AT EMP MUSEUM

GENERAL INFORMATION

AGE AND ADMITTANCE

Music Therapy (MT) Camps are available to children ages 6–14 on the autism spectrum and/or with other pervasive developmental disorders. Although this camp is designed for campers with these specific diagnoses, children with diverse diagnoses are encouraged to apply.

CHILD HEALTH INFORMATION AND LIABILITY RELEASE

Please print, fill out, and sign pages 3–6 (**Child Health Information, Authorization to Seek Medical Treatment, Liability Release, Photo Release, and Camp Selection**), mail them to Seattle Pacific University, 3307 Third Ave West, Suite 310, Seattle, WA, 98119. No campers may be dropped off without these forms.

LOCATION

All MT Camps are held at EMP Museum in Seattle, Wash. Drop-off and pick-up take place at the EMP turnaround at 5th Avenue and Harrison Street. You will be notified of any location changes within the museum. All classes are held on the EMP campus and in EMP facilities.

SNACKS

Due to the nature of the camp, snacks will not be provided during the duration of any and all camp sessions. If a parent or guardian provides a snack for a child, it must come with a written permission slip.

CANCELLATION POLICY

Cancellations must be made seven days prior to the start of the session to receive a full refund. No refunds will be granted after this time. SPU and EMP reserve the right to cancel a camp if enrollment is insufficient. In this case, any funds deposited will be refunded in full.

QUESTIONS?

Email mtcamps@spu.edu or call **206-281-2411**.

Note: If desired camp week is full, please call 206-281-2411 or email mtcamps@spu.edu to be added to the waiting list.