



# WHISPERING TRAILS

## Music & Enrichment Camp 2008

Ages 18 – 30      August 6 – 16, 2008  
Ages 12 – 30      August 9 – 16, 2008



### CAMP APPLICATION & QUESTIONNAIRE

**PART I: General – ALL CAMPERS**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*I am 26 years or over and interested in being considered for the CIT (counselor-in-training) program! (Applications for consideration will be sent out separately)*

Does Applicant have Williams syndrome?     Yes       No       Not yet determined

Name of parent(s)/guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (please print clearly!): \_\_\_\_\_

*e-mail is our preferred communication method. Please let us know if you do not have email access or do not check your email regularly.*

Address of camper (if different from above): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Describe camper's living situation (ie, home with family members, group home, own apt. etc):

**1. Give examples of applicant's previous camp experiences (if any):**

\_\_\_\_\_ Whispering Trails Camper    Which years? \_\_\_\_\_

\_\_\_\_\_ Other (please describe) \_\_\_\_\_

**2. What social activities with peers does the applicant regularly participate in?**

\_\_\_\_\_

**5. What special health needs does the applicant have?**

\_\_\_\_\_

**6. Does camper have any food allergies or food intolerance?** *(Our ability to cater to special diets is very limited, but we will provide reminders to campers of food they shouldn't eat, and make sure that any special foods supplied by parents are provided to the campers – there are refrigerators available for use by the campers when necessary)*

\_\_\_\_\_

**7. First time campers: Please explain any needs or concerns that will help our counselors (bedtime or early morning routines, methods of calming down if upset or anxious, etc.)** *(our counselors are not trained in, or expected to take care of your child's hygiene needs. They will provide reminders where needed. If your child requires more assistance than reminders or very minor support, they may not be ready for camp. Please call the national office to discuss prior to applying if you have any questions or concerns)*

\_\_\_\_\_

\_\_\_\_\_

**PART II: General Program – ALL CAMPERS**

**Preferred Camp Program: CHOOSE ONLY ONE OPTION**

- Music Program** - music activities make up 85 – 100% of the program
- Enrichment / Recreation Program** - non-music activities make up 85 - 100% of the program
- Combined program – More music than recreation** - activities are split roughly 60 – 40%
- Combined program – More recreation than music** - activities are split roughly 60 – 40%

*Remaining portion of questionnaire will go out with confirmation letter and will be specific to your program choice*

**If a program with music has been chosen, please list previous music experience:**  
\_\_\_\_\_  
\_\_\_\_\_

1. **Does camper swim?**       Yes      Level of ability \_\_\_\_\_  
 No

*All campers will have swimming in their schedules during the week unless specified below:*  
 No Swimming Please

2.  **I am NOT able to participate (for medical reasons) on my cabin’s basketball team, and play in the round robin tournament throughout the week. We encourage all campers to play regardless of ability.**

**3. ROPES COURSE**

- I WOULD like to participate in the high ropes activities this year**

*(High ropes personnel are trained specifically in helping individuals with special needs, and all participants are provided with the gear and personal support necessary to insure they will have a great (and safe) time if they choose this activity)*

**My minor child has permission to participate in a supervised High Ropes Course activity**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PART IV: Camp Theme and / or Additional Information**

It would be awesome if the theme at camp some year was: \_\_\_\_\_

My favorite type of music is: \_\_\_\_\_

My favorite song is: \_\_\_\_\_

I will bring the following instrument to camp: \_\_\_\_\_

I will need to use the following camp instrument(s): \_\_\_\_\_

**RELEASE**

Whispering Trails is a residential camp, intended for campers who are fully ready for an independent camping and group learning experience. Although some guidance can be provided by counselors, campers are expected to have adequate self-care skills for an independent, group living experience, and the ability to participate and learn in a group. Please read and sign the following:

*In my judgment the applicant is socially and behaviorally ready for a group living and learning experience:* \_\_\_\_\_

*Parent's signature*

*\*Note:* The WSA reserves the right to ask any individual to withdraw who does not meet this description while at camp.

**PART V: Payment Information – ALL CAMPERS**

**Fees:**      **Camp fees include a \$50 deposit – payable with application**  
(Deposit will be returned if applicant is not accepted)

   **10-day Camp for campers ages 18 – 30:    \$750**

   **7-day Camp for campers ages 12 – 30:    \$600**

**\*\*\*     Campers ages 27 & above:    I am interested in the CIT program**

*Scholarships are available – but they will not include the deposit amount.*

*Please contact the WSA for scholarship application.*

WSA membership fee: **\$20** (all accepted campers must be current members of the WSA)

Deposit enclosed:    **Deposit fee \$50** \_\_\_\_\_    **Membership fee \$20** \_\_\_\_\_ (if applicable)

**Balance due upon acceptance (deadline for receipt of balance due is July 6, 2008)**

**Staff Thank You Gifts:** The WSA presents gifts to our hard-working staff each year. If you would like to help with the staff gifts please note below. (Participation is optional)

   Yes, we wish to contribute and enclose \$ \_\_\_\_\_ for the gift

   Total enclosed: \_\_\_\_\_ (Deposit + Membership + Staff gift where applicable)

*Please make check payable to WSA, Inc. and note camp payment in memo line*

**Credit Card Payment:**

\_\_\_\_ Visa      \_\_\_\_ MC # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

CV2 #: \_\_\_\_\_

(3 digit # on back of credit card)

***\*Return completed application and deposit to:***

**WSA Music & Enrichment Camp ~ 570 Kirts Blvd. #223 ~ Troy, MI 48084**

**If you have any questions please contact Tia Sager at [tsager@williams-syndrome.org](mailto:tsager@williams-syndrome.org)**