



WHISPERING TRAILS Music Therapy Camp 2009



Ages 6 – 12 June 13 – 17, 2009
Ages 10 – 12 June 13 – 19, 2009

APPLICATION FORM

Deadline for camp Application is April 1st, 2009

Name: _____ Nickname: _____ DOB _____

Camper Must be 6 years old prior to camp

Does Applicant have Williams syndrome? Yes No Not yet determined

Name of parent(s)/guardian: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Address of camper (if different from above): _____

City, State, Zip: _____

Phone: _____ Email: _____

Camper must have 1 adult in attendance on site: ___ Mother ___ Father ___ Other adult

Name of Adult Attending Camp: _____

- Camper has attended WSA Camp in prior years
- This is our first year at camp (Please answer the following questions)

Give examples of applicant's previous music experiences (if any): _____

What social activities with peers does the applicant participate in: _____

What special health needs does the applicant have: _____

List music lesson and/or class types (if any) that the applicant has participated in. Please note if group or private, how long they have been taking lessons and if they are still taking classes:

If age 10 – 12

Which one of the following would the camper like to experience in a modified lesson format at camp?

Please circle only one (1) preference

Keyboard

Percussion

All Applicants – Please read and sign:

There is no nurse on staff during the week of Music Therapy Camp. Each parent is solely responsible for the welfare of his or her child in the case of an accident or illness. Living arrangements at camp are in cabins which sleep 10 people. Most cabins will house 3-5 campers and their parents. In order for everyone to enjoy a successful camp week there are guidelines that we must all be able to follow.

Campers: Must be able to act appropriately (and especially sleep!) in a group environment. They will also be involved in group music activities throughout the day where “one on one” supervision will not be available. If child needs one on one support the parent MUST be in attendance.

Parents: There are no alcoholic beverages allowed on campus during the camp week. Parents who wish to leave the cabin in the evening when their campers are sleeping May only do so with the “OK” of the adults remaining in the cabin.

I have read the above, and agree that my child and I are able to comply with all camp policies.

Signature: _____ Date: _____

***Note: The WSA reserves the right to ask any individual who does not comply with the WSA policies to withdraw.**

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

Please note that the optional “Transition” experience for campers 10 – 12 years old is 2 days and is at the beginning of the regular session. Additional activities may include: Archery, swimming, High Ropes, Jam Sessions, etc.

Ages 6 – 12 4-day camp \$485

Ages 10 – 12 6-day camp \$565

Scholarships are available - but they do not include the deposit amount. Please contact the WSA for scholarship applications.

WSA membership fee: \$20 US \$25 Canada \$35 International
(all accepted campers must be current members of the WSA)

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

(Please make check payable to WSA, Inc.)

Balance is due upon acceptance & must be received prior to start of camp.

Credit Card Payment:

____ Visa ____ MC # _____ Exp. Date _____

Signature _____ CV2 #: _____
(3 digit # on back of credit card)

Return application and registration fee to:
WSA Music Therapy Camp ~ 570 Kirts Blvd. #223 ~ Troy, MI 48084