

SEATTLE PACIFIC UNIVERSITY IN PARTNERSHIP WITH MoPOP PRESENTS





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Summer 2017 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.

The Museum of Pop Culture (formerly EMP Museum) is dedicated to the ideas and risk-taking that fuel contemporary popular culture. With its roots in rock 'n' roll, MoPOP serves as a gateway museum, reaching multigenerational audiences through our collections, exhibitions, and educational programs, using interactive technologies to engage and empower our visitors. At MoPOP, artists, audiences, and ideas converge, bringing understanding, interpretation, and scholarship to the popular culture of our time. Housed in a 140,000-square-foot building, MoPOP offers innovative galleries, an interactive sound lab, and a state-of-the-art performance space with a massive indoor LED screen. Through dynamic programs, cutting-edge technology, and interpretative, interactive exhibitions, MoPOP 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 mopop.org.



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



Dani Valdes, MT-BC, Camp Director Alumna, Seattle Pacific University Board Certified Music Therapist



MoPOP





SEATTLE PACIFIC UNIVERSITY "MUSIC THERAPY CAMPS AT MoPOP"

Seattle Pacific University, in partnership with MoPOP, 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.

The camps are directed by Board Certified Music Therapist Dani Valdes. Dani has experience working with a large variety of populations, from memory care to mental health. Her extensive experience with individuals on the autism spectrum includes work in both individual, group, and camp settings. Her adaptability and focused energy provides opportunity for each individual to explore music within a supportive setting.

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

MORNING AND AFTERNOON MUSIC THERAPY CAMPS

MoPOP 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, email **mtcamps@spu.edu**.

CAMP	AGES	DATES	TIMES	FEE
June Morning	6-10 yrs.	June 26–30	9–11:30 a.m.	\$225
June Afternoon	10-14 yrs.	June 26–30	1–4 p.m.	\$270
July Morning	6-10 yrs.	July 3–7 (no camp July 4)	9–11:30 a.m.	\$180
July Afternoon	10-14 yrs.	July 3–7 (no camp July 4)	1–4 p.m.	\$215





CHILD HEALTH INFORMATION

				□ FEMALE □ MALE
NAME (FIRST AND LAST)		NICKNAME	
ADDRESS				
CITY	STATE	ZIP	HOME PHONE	
DATE OF BIRTH	GRADE ENT	ERING THIS COM	MING FALL SO	□ PRIVATE □ PUBLIC CHOOL NAME
SHIRT SIZE: □ SMALL	□ MEDIUM □	LARGE X-LA	RGE	
INSTRUMENTAL/MUSIC	AL STYLE PREF	ERENCES: —		
WILL YOU BE PROVIDIN MEDICAL/BEHAVIORAL			DR PERSONAL ASSISTANT A	THIS CAMP? □YES □NO
			L ASSISTANT OR AIDE, PLEA FOR MEDICAL/BEHAVIORA	SE ATTACH HIS OR HER CONTACT L ASSISTANTS TO ATTEND.
QUESTIONS OR CONCE	ERNS MAY BE D	IRECTED TO DR.	CARLENE BROWN AT MTCA	AMPS@SPU.EDU
PARENTAL/LEGAL G	UARDIAN INF	ORMATION		
NAME (FIRST AND LAST)		RELATION ⁻	TO APPLICANT
ADDRESS			EMAIL	
CITY	STATE	ZIP	HOME PHONE	WORK/CELL PHONE
NAME (FIRST AND LAST)		RELATION T	TO APPLICANT
ADDRESS			EMAIL	
CITY	STATE	ZIP	HOME PHONE	WORK/CELL PHONE
PLEASE NOTE: PARENTS OF THE CAMP AT NO ADI		LISTED ABOVE WI	HO WISH TO ASSIST THEIR CH	IILD ARE WELCOME TO ATTEND ANY PORTION
EMERGENCY CONTA	ACT INFORM/	ATION (Parent	or legal guardian preferre	d)
NAME (FIRST AND LAST)		RELATION ⁻	TO APPLICANT
ADDRESS			EMAIL	
CITY	STATE	ZIP	HOME PHONE	WORK/CELL PHONE





CHILD HEALTH INFORMATION

NAME (FIRST AND LAST)		
WEIGHT	HEIGHT	AGE
NAME OF PHYSICIAN	PHONE	
PLEASE DESCRIBE ANY MEDICAL C	ONCERNS, ALLERGIES, OR P	HYSICAL CONDITIONS:
AUTHORIZATION TO SEEK MI		ance.
In the case of accident or illness, I hat a medical professional may deal further authorize and consent to the treatment, or all other related care,	ereby give permission to SPU em necessary for my child. In e administration of any and a ncluding the administration o	J and MoPOP to seek medical and/or surgical treatment the event I or my emergency contact cannot be reached, Il medical, dental, and surgical examinations, operations, f drugs, tests, injuries, anesthesia, and/or blood transfusions
necessary for emergency treatment to the admission of the above name	I hereby consent to the relead Minor to the hospital. I here	and/or dentist in attendance at the medical center deemed ase of medical report(s) to any doctor or agency, and consent by assume full and complete responsibility for costs and ency transportation to a medical facility.
PRINTED NAME OF PARENT AND/OI	R GUARDIAN	RELATIONSHIP TO APPLICANT

LIABILITY RELEASE

Important: This must be completed for attendance.

SIGNATURE OF PARENT AND/OR GUARDIAN

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 MoPOP; 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.

DATE

I further agree to indemnify and hold harmless SPU and MoPOP and their officers, employees, agents, students, and representatives from any injuries, liabilities, claims, damages, and expenses, including attorney fees, incurred by SPU, MoPOP, 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 will help us to promote future workshops and other educational youth I, as parent or legal guardian for "Minor," give SPU and MoPOP perm or audio recordings) in its internal publications for SPU and MoPOP pregional, and national newspapers, magazines, websites, and brochunot seek compensation for usage. This release does not include perm	n offerings. dission to use Minor's materials (defined as visual images publicity, and in external publications such as local, ares. There is no expiration date on this release, and I will			
PRINTED NAME OF PARENT AND/OR GUARDIAN RELATIONSHIP TO APPLICANT				
SIGNATURE OF PARENT AND/OR GUARDIAN	DATE			
HOW DID YOU HEAR ABOUT US?				
☐ SPU/MoPOP Website ☐ SPU/MoPOP Email/Newsflash ☐ Teach ☐ Newspaper ☐ Magazine ☐ Brochure at ☐ Other				







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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-serve basis.

To register your child for the camp:

- 1. Register and pay online at spu.edu/mtcamps2017
- 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: 208-281-2430

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

Note: If desired camp is full, please email mtcamps@spu.edu to be added to the waiting list.