



Dynamic Therapy & Southwestern Music Therapy
Proudly Present...

Music & Movement Camp Summer Camp 2011

**A Music, Movement & Sensory Camp
For Children with or without Special Needs
Ages 3 and up**

Our Programs are run by:
Board Certified Music & Occupational Therapists



* Camp Sessions will be held T/W/TH 9:30 - 11:30 AM

Session One: June 14th – June 23rd
Session Two: July 5th – July 14th
Session Three: July 26th – August 4th

For More information Contact:

Rebecca Shmukler at 214-566-2687
Rebecca@dynamictherapy.net

or

Marcie Friedman at 214-227-1006
Marcie@swmusictherapy.com



Camp to be held at

2432 Preston Road Plano, Texas 75093



Travel Around The World Music, Movement & Sensory Camp 2011 Registration

Camp Sessions will be held T/W/TH 9:30 - 11:30 AM Cost Per Session: \$400

We offer a 10% Sibling Discount

Deposit \$100 (\$50 will be credited back to the first camp session)

Please indicate session/sessions registering for below

Session One: June 14th – June 23rd Session Two: July 5th – July 14th Session Three: July 26th – August 4th

APPLICANT INFORMATION

Full Name of Camper _____
Last First Middle Birth Date

Parent's Names _____

Address _____
Street City State Zip Code

Telephone () _____ I wish to receive E-mail at the following _____
E-Mail Address

Policies/Procedures:

In order to offer this camp, we must maintain a minimum of 8 children enrolled.

*Refunds of the initial deposit will be applied to the families on June 5th if the camp does not meet the enrollment requirement.

*There will be no refunds for missed sessions.

CREDIT CARD PAYMENT: (3% transaction fee will be assessed on the total amount paid)

My signatures on this agreement signify that I have read, understand and agree to the terms of this agreement with Dynamic Therapy and Southwestern Music Therapy for Summer Camp 2011. I also understand that I will be liable for all camp charges .

Signature of parent (Mother)

Signature of parent (Father)

Camp Representative

Date



Name of Camper _____ Diagnosis (if applicable) _____

Physician: _____ Phone Number _____

1. Does your child have any special needs or Pre existing Medical Conditions?
(Physical, developmental, learning, emotional, behavioral or other?)

2. Is your child currently in any therapy? If yes what type and where?

3. Does your child have any special concerns? (Animals, storms, loud noises, water, heights or other?)

4. Does your child have any habits? (Thumbsucking, nail biting, withdrawal, or other?)

5. Is there anything else we should know about your child (Allergies, dietary restrictions, medications or other?)

6. The following person(s) will be picking up my child/children from camp. If there are any changes, please notify us in writing. Your child will not be discharged to anyone's care unless we are notified. Please include yourself and/or your spouse on this list to ensure that you will be able to pick up your child.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In emergency if I cannot be reached, I understand that the above mentioned will be contacted.

By signing this form I am indicating that I have read and understood the terms of enrollment and agree to these terms.

Parent/Guardian Signature _____ Date _____



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in the Music, Movement, and Sensory camp by these therapy companies, I represent that I understand the nature of this Activity and that my child is qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Dynamic Therapy, Southwestern Music Therapy, GYMSTAR, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

_____ Date: _____
Printed name of participant

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

_____ Date: _____
Printed name of Parent/or Legal Guardian

Signature of Parent/or Legal Guardian