



2024 Eric "RicStar" Winter Music Therapy Camp

June 13, 14 & 15 for ages 30+ (Go White! session)

June 17, 18 & 19 for ages birth-29 (Go Green! session)

♪ Complete and return pages 1, 2, 3, 4 (virtual campers only), and 11

Select:

I will attend RicStar's Camp In-Person - OR - I will attend RicStar's Virtual Camp Online

Camper Name (first and last) _____ Birth date _____

Parent/Guardian Name(s) (if applicable) _____ Relationship to camper _____

Billing Address _____ City, State, Zip _____

*Include name of institutional or third-party payee if applicable

*Camper Address _____ City, State, Zip _____

*Complete if different from Billing Address

Phone Number During Camp Hours (_____) _____

Group Home Name (if applicable) _____ Contact Person _____

Emergency Contact _____ Relationship to camper _____

(full name and phone number)

Email Address for information prior to camp _____

Email Address for virtual camp Zoom invitation (if different) _____

(You will receive one Zoom invitation for camp)

Camper T-Shirt Size. Select one:

Youth: Extra Small Small Medium Large

Adult: Small Medium Large Extra Large XXL Large XXX Large XXXX Large

I have a green t-shirt from last year's camp and will wear that shirt. I do not need a new shirt.

Will there will be an assistant (caregiver, parent, etc.) with the participant during camp? Yes No

What will help staff make this camp successful for the camper? _____

What is/are the camper's diagnosis(es) and/or physical/cognitive, etc. challenges? (if applicable)? _____

Does the camper use any adaptive equipment? _____

Does the camper exhibit any behaviors such as self-abuse, wandering, etc.? _____

What are the camper's preferred means of communication? _____

List the camper's three favorite songs

- 1.
- 2.
- 3.

List the camper's three favorite songs for dance and movement activities

- 1.
- 2.
- 3.

Where did you hear about camp? _____

Volunteers and music therapists from outside the area occasionally need a place to stay during camp. Are you able to host someone on the following nights?

- Yes, I can host a volunteer or music therapist on the following night(s):
 June 12 June 13 June 14 June 16 June 17 June 18
- No, I am unable to host a volunteer or music therapist

Release for Video, Film and Photographs

Participants in MSU-sponsored programs and activities may be photographed and videotaped for use in MSU and Community Music School promotional and educational materials. The participants are not identified by name in the materials.

I authorize MSU and the Community Music School to record the image and voice of the subject named below and I give MSU, and all those acting with MSU's approval, all rights to use these images and voice recordings. I understand that such images and/or recordings may be used for educational and promotional purposes. This authority extends to all conventional and electronic media, including the Internet and any future media, and to any printed material. I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any manner without compensation or liability, in perpetuity.

Name of Camper _____
(Please print)

Signature _____
(Parent/guardian must sign here if applicable)

Date _____

MEDICAL TREATMENT AUTHORIZATION FOR MICHIGAN STATE UNIVERSITY

Your camper will be involved in a Michigan State University program on the above date(s). This form must be completed and signed by a parent or guardian to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated only if the situation is urgent and does not permit delay.

Participant's full legal name:

Last First M.I.

Birth date: _____

Parent/Guardian Phone: _____

Mailing Address: _____

Primary care physician's name: _____

Physician's phone: _____

Physician's address: _____

HEALTH INSURANCE INFORMATION:

Policy holder's name and relationship to participant _____

Policy holder's address: _____

Please attach a photocopy of both sides of your insurance card **OR** complete the information requested below.

Insurance company name and address:

_____ Insurance company phone number: (____) _____

_____ All policy numbers (please identify): _____

If you have HMO insurance, please list the emergency treatment authorization phone number: (____) _____

Employer's name and address:

Business phone (____) _____

INFORMATION NEEDED ABOUT PARTICIPANT: Please check yes or no. If yes, explain below or on another sheet if you need more room.

Does the participant have any chronic health problems or illnesses? **YES** **NO** _____

Do they have any acute illnesses now? _____ _____ _____

Has the person been treated recently for a medical problem? _____ _____ _____

Do they have any allergies (**therapy dogs will be at camp!**)? _____ _____ _____

Do they have any allergies to medication or local anesthetics? _____ _____ _____

Is there any history of seizures? _____ _____ _____

Date of their last tetanus shot _____

List any medications they are now taking for treatment of any medical problem and list medications that need to be administered during camp. Include how the medication is given, the time, dose, etc. _____

Is any feeding assistance needed (tube feeding, physical assistance with utensils, etc.) and/or dietary needs or restrictions? _____

Are there any toileting needs (schedule, how the camper communicates the need, catheterization, etc.)? _____

Are there any other medical needs? _____

OFFICIAL AUTHORIZATION FOLLOWS:

I (parent or legal guardian), _____, recognize that while attending this program, medical treatment on an emergency basis may be necessary for my camper, and I further recognize that the program director may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature of Parent/Guardian **or** of participant age 18 and up _____

Date _____



♪ Complete this form if your camper will be attending RicStar’s **Virtual** Camp.

CMS MUSIC THERAPY CLINICAL SERVICES AUTHORIZATION AND CONSENT TO PARTICIPATE IN TELEHEALTH SERVICES

The purpose of this form is to obtain your consent to participate in Telehealth services with board-certified music therapists employed by Michigan State University Community Music School. Telehealth services involved the use of electronic communications to enable music therapists to see their clients for regular sessions from their homes. MSU Community Music School will use the HIPAA approved Zoom platform for Telehealth sessions.

- 1) Purpose and Benefits. The purpose of this Telehealth consent is to establish or maintain access to music therapy services when face-to-face contact is restricted or not available. Benefits include continuing of music therapy services, working towards treatment goals and objectives, maintaining the therapeutic relationship and continuity of schedule activities.
- 2) Nature of Music Therapy Telehealth Services:
 - a) Details of you and/or your child’s medical history, music therapy assessment, or music therapy treatment may be discussed through the use of interactive video, audio and telecommunications technology.
 - b) Music therapy treatment/consultation will occur through the use of interactive video, audio and telecommunications technology.
 - c) Video, audio, and/or digital photo may be recorded during the Telehealth visit.
- 3) Medical Information and Records. All existing laws regarding your access to medical information and copies of your medical records apply to Telehealth sessions. Additionally, dissemination of any patient-identifiable images or information from this Telehealth interaction to researchers or other entities shall not occur without your consent, unless authorized under existing confidentiality laws.
- 4) Confidentiality. Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with Telehealth sessions, but there is the possibility that transmissions may be intercepted, compromising confidentiality. All existing confidentiality protections under federal and Michigan law apply to information disclosed during Telehealth sessions.
- 5) Risks and Consequences. Telehealth sessions will be similar to typical sessions, except interactive video technology will allow you to communicate with the music therapist at a distance. At first you may find it difficult or uncomfortable to communicate using video images. The use of video technology to deliver healthcare and educational services is a new technology and may not be equivalent to direct patient to professional contact.
- 6) Rights. You may withhold or withdraw consent to Telehealth session at any time without affecting your right of future care or treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
- 7) Financial Agreement. Telehealth sessions will be billed in accordance to music therapy payment procedures as stated in the “MSU Community Music School Student Handbook 2023-2024.”

I have been advised of all the potential risks, consequences and benefits of Telehealth services. My music therapist has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered. I understand the written information provided above. I hereby authorize MSU Community Music School to use Telehealth services in the course of my treatment.

Signature: _____
 Patient (or person authorized to give consent)

Date: _____

If signed by person other than patient, provide relationship to patient: _____

I have been offered a copy of this consent form (signer’s initials): _____



Camp Dates and Times

June 13, 14 & 15, 9:00 a.m.-3:00 p.m. for ages 30+ (Go White! session)

June 17, 18 & 19, 9:30 a.m.-2:30 p.m. for ages birth-29 (Go Green! session)

♪ Contact Cindy Edgerton if you have any questions regarding which session is appropriate for your camper.

Be A Star Showcases (BASS)

Please join us to celebrate your camper's abilities at the Be A Star Showcase! The showcases will take place on June 15 at 1:30 p.m. for the Go White! session, and on June 19 at 1:30 p.m. for the Go Green! session. Family and friends are welcome and encouraged to attend.

Registration

In order to attend camp, complete an online or paper registration form and submit your payment to the MSU Community Music School, 4930 S. Hagadorn Road, East Lansing, MI 48823. Make checks payable to 'Michigan State University.' The online registration form and payment option are available at www.cms.msu.edu. Registrations will be accepted until camp reaches capacity, and a waiting list will be created once camp is full. Contact the CMS office if you have any questions regarding submitting your forms and payment.

Tuition and Financial Aid

In-Person Camp - \$240

Virtual Camp - \$190

♪ If you are interested in applying for financial assistance, please contact Cindy Edgerton.

Camp and CMS Contact Information

Please contact Cindy Edgerton with all questions and concerns. Contact information for all camp and CMS administration is below. The CMS main office phone number is (517) 355-7661.

- Cindy Edgerton, Camp Director, edgerto3@msu.edu; (517) 667-8326
- Katie Pletka, Registrar and Camps Coordinator, pletka@msu.edu; (517) 884-4823
- Jaime DeMott, CMS Director, jdemott@msu.edu; (517) 884-4827

Illness Policy

To slow the spread of illness and COVID-19, the Community Music School and Michigan State University are directing everyone to take personal responsibility to protect their own health and safety, as well as the health and safety of MSU faculty, staff, students, visitors and loved ones. Campers, families and caregivers should not attend camp if they are experiencing respiratory symptoms such as fever, cough, shortness of breath, sore throat, runny or stuffy nose, body aches, headache, chills or fatigue.

Lunch – No Peanuts!

Bring a bagged lunch each day clearly marked with the camper's name and include ice packs as refrigeration is not available. Lunch and snacks are not provided for campers. **We are a peanut free camp! Do not bring peanut butter or peanuts to camp.**

T-Shirt

Remember to wear your green RicStar's camp t-shirt each day (in-person and virtual campers)! If you are a returning camper, please wear your green shirt from last year, and let us know if you need a new shirt. T-shirts will be distributed to new campers on the first day of camp. Virtual campers who need a new shirt will receive theirs in the mail.

Zoom – Virtual Campers

RicStar's Virtual Camp will take place online using Zoom. Virtual campers will join in-person camp sessions and the Be A Star Showcases. Instructions and the Zoom invitation will be emailed to you. Camp staff will also email all virtual campers in advance with ideas for making instruments at home and for finding household items that can be used as instruments!



MSU Community Music School Eric ‘RicStar’ Winter Music Therapy Camp Camper Handbook

Registration

Each camper is required to submit a completed 2024 Eric ‘RicStar’ Winter Music Therapy Camp registration form, sign the release for video, film and photographs, complete and sign the medical treatment authorization form and sign the youth and adult camper/parent/guardian consent form along with payment. RicStar’s Virtual campers must also complete the authorization and consent to participate in telehealth services form.

Medical/Behavioral Incidents or Emergencies

The medical treatment authorization form gives the Community Music School permission to seek medical treatment necessary for the care of the camper and to incur necessary medical costs for which the parent(s)/guardian(s) are fully responsible. The form also gives the medical facility authorization to release any and all information required to complete insurance claims and also authorizes insurance payment directly to the medical facility. In the event of a serious injury or illness, the parent(s)/guardian(s) will be contacted. Treatment will proceed before contacting the parent(s)/guardian(s) only if the situation is urgent and requires immediate attention.

Medicine

Please discuss all prescription medicine and medical needs with the camp director. Arrangements can be made if medicine is to be administered by the camp nurse. If medicine requires refrigeration, please inform the camp director as soon as possible to make arrangements.

Statement for Disability Inclusion

Michigan State University is committed to providing equal opportunity for participation in all programs, services and activities. Accommodations for persons with disabilities may be requested by contacting the CMS office. More information is available at <https://www.rcpd.msu.edu/get-started>.

Camp Attire

Students should wear comfortable, casual clothing and should adhere to school dress codes and should be appropriate. If your clothing is not considered appropriate, you will be asked to change or add additional clothing.

Camp Rules

We assume that you are here at camp to learn and to enjoy the company of others with similar interests. Camp rules are designed to keep you safe and ensure a positive experience for all. In addition to being good citizens and obeying the law, the following rules apply:

1. Show courtesy and respect to all campers, staff and property.
2. Show courtesy and respect to yourself.
3. You are required to be with camp staff/volunteers/aides during all camp activities.

Loss of Personal Property

It is recommended that participants do not bring valuables to camp (e.g. cell phones, iPods, portable gaming systems, musical instruments, digital cameras, etc.). MSU Department of Police and Public Safety will be contacted in the event of theft/loss. MSU and CMS are not responsible for lost or stolen personal property.

Contacting Your Participant During Camp

In the instance that a parent, guardian, or emergency contact listed on file as an approved adult needs to contact their youth participant, please contact the camp coordinator by calling the CMS main office at (517) 355-7661. Please understand that in the interest of safety for all participants, program staff will not be able to discuss information about a participant or facilitate contact with an individual who is not listed on file as an approved adult without written authorization from the participant’s authorized adult contacts.

Behaviors and Activities Not Permitted

- Misuse or damage of University property/building is prohibited and participants who are found misusing or damaging University property may be financially responsible for all damages. (i.e. destroying instruments, writing on walls, etc.).
- No theft of property regardless of owner will be tolerated.
- Gambling will not be tolerated.
- Tampering with fire alarms, safety or security equipment will not be tolerated.
- Violence of any kind will not be tolerated.
- Hazing and bullying, which includes physical, verbal or cyber-bullying will not be tolerated by MSU or CMS.
- Gum, candy, food and beverages are not allowed in classrooms, studios and performance spaces.
- Harassment or intimidation of other campers or staff will not be tolerated.
- Intimate contact with other campers or staff (e.g. kissing, touching) is not permitted.
- Excessive noise or horseplay will not be tolerated.
- MSU and CMS prohibits the possession and use of alcohol, tobacco, drugs, fireworks, guns and other weapons.
- No violence, sexual harassment, sexual conduct or other sexually inappropriate conduct of any kind will be tolerated at MSU or CMS. The University Policy on Relationship Violence and Sexual Misconduct can be found at <https://u.policies.msu.edu/doctract/documentportal/08DB66BCB5863CD76D160F733DB5317B>.
- Any violation of the University Anti-Discrimination Policy will not be tolerated. The University Anti-Discrimination Policy can be found at https://hr.msu.edu/policies-procedures/university-wide/ADP_policy.html.
- MSU and CMS prohibits the use of cameras and other digital recording devices (i.e. cell phones, tablets, etc.) in bathrooms and other areas where privacy is expected by participants.
- Violations of federal, state and local laws will not be tolerated.

Information about MSU Policies related to Title IX

Consistent with Title IX, MSU's Relationship Violence and Sexual Misconduct Policy and Anti-Discrimination Policy expressly prohibit discrimination on the basis of sex. The relationship Violence and Sexual Misconduct Policy provides a procedure for reporting and resolving complaints of sex discrimination (including sexual harassment and sexual assault), which applies to youth and adult program participants. Discrimination on the basis of sex includes:

- Excluding, separating, denying benefits to, or otherwise treating a person differently on the basis of sex
- Sexual harassment
- Sexual assault

MSU's Title IX Coordinator oversees the University's compliance with Title IX, including its complaint procedures, and is available to meet with youth program participants about matters involving sex discrimination. You can reach the MSU Title IX coordinator at (517) 884-0610 and <https://civilrights.msu.edu/>.

If a participant or any other individual associated with the CMS program is alleged to have violated any of the University policies or conduct rules of the program, the participant is subject to dismissal and/or removal as a CMS student/client/family.

The CMS faculty and staff are committed to treating students, clients, parents/guardians and fellow faculty/staff with respect. Likewise, to continue to cultivate a safe and welcoming environment, we expect all of our students and clients to be respectful of other CMS students and clients, faculty and staff.

Michigan State University Anti-Discrimination Policy

- The University Anti-Discrimination Policy (ADP) states expectations for institutional and individual conduct. A detailed description of the ADP can be found at https://hr.msu.edu/policies-procedures/university-wide/ADP_policy.html.
- The ADP User's Manual provides further discussion of the definitions of behaviors prohibited by the ADP as well as the relationship between the First Amendment and complaints of harassment/discrimination; the ADP User's Manual can be found at https://civilrights.msu.edu/ada_coordinator/anti-discrimination-policy-users-manual.pdf.
- Protocol for addressing Bias Incidents, Acts of Prohibited Discrimination/Harassment, and Hate Crimes can be found at https://civilrights.msu.edu/_assets/documents/bias-incident-reporting-protocols-17.08.01.pdf.

Reporting Procedures and Resources

All individuals are encouraged to promptly report possible violations of MSU's Anti-Discrimination Policy and Relationship Violence and Sexual Misconduct Policy to MSU's Office of Institutional Equity (OIE), law enforcement, or both. OIE is responsible for receiving and processing complaints of sex discrimination (including sexual harassment, sexual assault and sexual violence), which may involve an investigation. If a person is unsure about reporting and would like assistance in understanding the options, they may contact a Confidential Resource. A list of these resources is available at <https://civilrights.msu.edu/file-a-report/index.html>. A list of these resources specifically available for youth is available at <https://youthprograms.msu.edu/reporting/index.html>.

Report to the Office of Institutional Equity (OIE) by completing the online Public Incident Reporting Form or by calling, emailing, or visiting the OIE office.

Address: 408 W. Circle Dr., Suite 4, Olds Hall, East Lansing, MI 48824

Phone: 517-353-3922

E-mail: oie@msu.edu

Online reporting: [Public Incident Reporting Form](#)

Contact the MSU Police (or your local law enforcement) for assistance in filing a criminal complaint and preserving physical evidence

MSU Police Department

Address: 1120 Red Cedar Rd., East Lansing, MI 48824

Emergencies: call 9-1-1

Non-Emergency Line: 517-355-2221

Procedures for Responding to Behaviors that Violate Policies

If a youth participant is involved with an incident that violates University and/or program policy, program staff will speak with everyone involved to gain understanding of what occurred and will contact listed parent(s), guardian(s), and/or other emergency contact(s) of both the participants responsible for the policy violation and the participants directly affected by the incident. In the instance that participants have violated University and program policies, program staff will connect with the appropriate MSU supervisors and/or authorities to determine the best course of action to resolve the situation, including whether the participant(s) responsible for the policy violation must be removed from the program. If it has been determined that a participant's behavior violates University and/or program policies and requires early dismissal from the program, program staff will make contact with the participant's approved adult contacts, and the parent(s), guardian(s), or emergency contact(s) must pick-up the participant immediately.

If it is suspected that a crime may have occurred, program staff will immediately stop investigating, contact MSU Police, and follow the lead of MSU Police investigators. Should police or emergency response professionals need to make contact with a participant, program staff will make every reasonable attempt to notify the appropriate parent(s), guardian(s), and/or other emergency contact(s) as immediately as possible.

If an allegation of inappropriate conduct including but not limited to abuse, neglect, assault, harassment, sexual assault, sexual abuse, sexual harassment, child pornography, furnishing alcohol, drugs, and/or sexual materials to a minor, and violations of the University's anti-discrimination policy is made against an adult participating in a youth program, including program staff/volunteers, the accused adult will be removed from any further participation in MSU youth programs and activities covered by the MSU Operational Requirements for Conducting University Youth Programs until such allegation has been satisfactorily resolved. Adults may not retaliate against minors, families, parents, guardians, and staff/volunteers who report allegations of inappropriate conduct.

Procedures for Early Dismissal

In the instance that a participant needs to leave either temporarily (i.e.: for an appointment, family event, etc.) or permanently prior to the end of the program, the participant's authorized parent(s), guardian(s), or other emergency contact(s) must complete the Pick-up/Drop-off/Commuter Form and return it to the camp coordinator. When the participant is picked up from the program, Community Music School staff will ask for a photo ID to verify the identity of the adult attempting to pick up the participant. Program staff will only permit participants to be released to individuals who have been authorized by the parent(s)/guardian(s). In the event that an unauthorized adult attempts to pick up the participant, program staff will make contact with the authorized parent(s), guardian(s), and/or emergency contact(s). In the instance of protecting the safety of all youth participants, local authorities will be contacted if it is deemed necessary by program staff.

In the instance of an emergency or if it has been determined that a participant's behavior violates University and/or program policies and requires early dismissal from the program, program staff will make contact with the participant's approved adult contacts, and the participant's parent(s), guardian(s), or emergency contact(s) must pick up the participant immediately.

Procedures for Emergency Situations

Non-MSU employees and students may sign up for text alert messages from MSU through the Nixle Community Alerts system. More information and how to sign up can be found at <https://alert.msu.edu/>.

In case of a weather related emergency, (severe thunderstorm warning or tornado warning), everyone should seek shelter in an interior hallway in the basement or ground level of a building, or in the lowest level of a parking ramp away from windows.

In case of other emergencies on campus (accident, medical emergency, suspicious activity, presence of a firearm), the best course of action is to call 911 immediately.

If a "Secure in Place" action is advised (for active violence), you should:

- Lock doors of the room you are in (Main doors of building will also be locked.)
- Close blinds and turn off lights.
- Find a well-hidden and protected area to hide using objects in the room to barricade with or hide behind.
- Wait for the "All Clear" from the MSU Alert System before leaving your secure location.

Notification Procedures for Emergency Situations

In the instance of a medical or behavioral incident or emergency, program staff will contact the participant's parent(s), guardian(s), or other emergency contact(s). Program staff will call all listed phone numbers on file until contact is made with at least one of the adults listed on the participant's registration materials. If emergency responders need to make contact with the participant, program staff will make every reasonable attempt to notify parent(s), guardian(s), and/or other emergency contact(s) as immediately as possible.

Program staff will communicate with participants' and chaperones' emergency contacts if an emergency involving either or both parties occur. In the instance that an immediate emergency occurs, program staff may be unable to reach a parent, guardian, or emergency contact to consent for emergency care. If this is the case, the signed medical treatment authorization form gives program staff consent to contact emergency services. In medical emergencies, a staff member will contact local emergency responders, who will determine the best plan for treatment and will continue to attempt to contact the parent/guardian.

Virtual/Online Learning and Conduct Expectations for Program Participants

- Participants must use a neutral background (e.g. blank wall, digital Zoom filter, limited exposure of private spaces, etc.).
 - The goal is to prevent showing much of the inside of the home in the interest of privacy and safety.
- Participants may not share inappropriate content through files, images, videos, chat, audio, or other features of the digital instruction platform.
- Participants may not screen shot or record other participants' images, information, or participation contributions during the program.
- Participants may not record interactions with other participants through online instruction platforms.
- When creating an online profile for the instruction platform or any other online account, limit the information that is shared.
 - For example, just because the platform asks for your address does not mean that you have to provide your actual personal address.
 - If a picture is required, the picture provided should be neutral and appropriate.
 - Do not share personal information in the virtual meeting.
- Anyone receiving threatening or inappropriate chat messages should immediately report it to a trusted adult.
- In the interest of safety, do not share links, passwords, or other program login information with anyone outside of the program.
- MSU prohibits "Zoom Bombing" and similar disruptive behaviors.

- Definition: “Zoom Bombing” is the act of accessing Zoom sessions without authorization.
- Appropriate consequences, including but not limited to dismissal from the program may apply to anyone who:
 - Violates program safety and security rules;
 - Contributes to “Zoom Bombing” or other similar disruptions; and/or
 - Shares program links, passwords, or other program login information with individuals outside of the program.

Online Safety Information and Resources for Participants and Parents/ Guardians

We encourage parents, guardians, and participants to educate themselves on safety and security tips when engaging in online learning activities. Below are some resources that may be helpful:

- **Protecting Kids Online- Federal Trade Commission, Consumer Information**

Link: <https://www.consumer.ftc.gov/topics/protecting-kids-online>

Description: This website provides information about promoting safe and responsible decisions to help reduce online risks for children.

- **Keeping Children Safe Online- The United States Department of Justice**

Link: <https://www.justice.gov/coronavirus/keeping-children-safe-online>

Description: This website provides tips for protecting children during online activities, informational videos for parents and children, and additional informational resources related to online child safety.

- **Prevent Cyberbullying- Stopbullying.gov**

Link: <https://www.stopbullying.gov/cyberbullying/prevention>

Description: This website provides information about preventing, identifying, and responding to cyberbullying.



**PARENT / GUARDIAN CONSENT FORM
IN-PERSON AND REMOTE / HYBRID YOUTH AND ADULT PROGRAMS**

Instructions: This form can be submitted in one of the following ways to the following email address:
commusic@msu.edu

1. Complete the Eric 'RicStar' Winter Music Therapy Camp online registration form and sign to approve the Camper Handbook;
2. Print, sign and return by mail, or scan and return by email;
3. Email this form with an electronic signature;
4. Complete this form and email it with a typed message stating that you (parent/guardian) consent to the attached form; or
5. If you are unable to complete this form, email a blank copy with a typed message providing the information requested and stating that you (parent/guardian) consent to the attached form.

**I grant permission for (print camper's name) _____ to
participate in all educational and social activities of the following MSU program or activity:**

Program name: Eric 'RicStar' Winter Music Therapy Camp

Program dates: June 13-15, 2024 and June 17-19, 2024

MSU unit/department: Community Music School

Risk of exposure to COVID-19 is inherent in any public place where people gather. I understand that my child/participant must follow all University guidelines for COVID-19 safety while participating in this program.

I understand that campers may engage in athletic or other recreational activities that have special risks.

I also understand that sessions may entail the use of various remote/online platforms or software programs. I also understand that campers may engage in digital communication.

I have read the session descriptions and approve of my camper's selections, and I accept the risks associated with my camper's participation.

I understand that my camper/self has a role to play in regard to their/my safety and security. I will speak with my camper/remind myself about the need to honor rules and to behave responsibly.

Please print:

Parent/Legal Guardian First and Last Name

Signature: _____ Date: _____