



2026 Eric "RicStar" Winter Music Therapy Camp

June 8, 9 & 10 for ages 31+ (Go White! session)

June 11, 12 & 13 for ages birth-30 (Go Green! session)

♪ Complete and return pages 1, 2, 3, 4 (in-person campers only), 5 (virtual campers only).

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 a previous camp. I do not need a new shirt.

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

- If yes, what is their name? _____

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? _____

What are the camper's early signals that they need a break/the restroom/food/etc.? _____

Describe any history of wandering, self-harm, property damage, etc. _____

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

What phrases are the camper used to hearing when they need increased support? ('deep breath/safe hands' etc.)? _____

List the camper's three favorite songs:

What are the camper's special interests? _____

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 7 June 8 June 9 June 10 June 11 June 12
- 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 _____
(Camper or Parent/Guardian must sign here if applicable)

Date _____



**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 8-10, 2026 and June 11-13, 2026

MSU unit/department: Community Music School

Risk of exposure to illness is inherent in any public place where people gather. I understand that my child/participant must follow all University guidelines for personal 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:** _____



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

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 2025-2026.”

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): _____