

# IGNITE

## SUMMER CAMP 2019

### APPLICATION

- Program Dates:** Mon. July 8, 2019 – Fri. July 19, 2019. 9am-4pm.  
Final Performance 6:30pm on Fri. July 19th. (Parents Invited)
- Program Location:** Motown Museum | Wayne State University
- Eligibility:** Rising 9th – 12th Grade Students
- Application Fee:** \$20 application fee (make checks payable to Motown Museum)
- Application Deadline:** Friday, June 7, 2019  
Applications will be considered on a first come, first serve basis.  
Early submission is encouraged, as our camps fill up quickly!
- Report Card:** Applicants must send in a copy or scan of their most recent school report card along with their application.
- Live Auditions:** Sat. May 11th 12pm-4pm | Sat. May 18th 12pm-4pm.  
Contact the Motown Museum to schedule your time, or audition via an online video.  
To schedule your audition, email [MotownEDU@MotownMuseum.org](mailto:MotownEDU@MotownMuseum.org) or call (313) 875-2264.
- Online Auditions Deadline:** Friday, June 7, 2019 (See info sheet for Audition details)
- Camp Cost:** \$20, Application Fee – After Application Fee, Motown IGNITE is Free.

#### Student Information

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

School Name \_\_\_\_\_ Grade Next School Year \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_\_ Gender: Male Female T-Shirt Size: S M L XL 2XL 3XL (Circle one)

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Best phone to contact \_\_\_\_\_

E-mail Address \_\_\_\_\_

#### Circle Your Area(s) of Interest - Choose up to 3:

Singing    Songwriting    Instrumental Performance    Dancing    Production    Music Business

#### Which of your chosen areas of interest are you most passionate about?

\_\_\_\_\_

How long have you been active in your area(s) of interest? \_\_\_\_\_



Berry Gordy Jr. Boulevard

2648 W. Grand Blvd., Detroit, MI 48208-1237 | ph 313 875 2264 | fax 313 875 2267 | [www.motownmuseum.org](http://www.motownmuseum.org)  
A 501(c)3 Non-Profit Tax-Exempt Organization

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**Tell Us About Yourself!**

Who are some of your favorite musical artists? What do you like about them? What are some of your goals and aspirations?

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Why would you like to attend the Motown Museum IGNITE Summer Camp?

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### Parent/Guardian - Contact Information

#### Parent/Guardian #1

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

#### Parent/Guardian #2

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_



### Emergency Contact Information - Authorized Pickup / Release

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Relation to child \_\_\_\_\_

Please list authorized pick up names in addition to parent/guardians:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



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### Medical Release Information

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Please list any medical issues, including any requiring maintenance medication (i.e. Diabetic, Asthma, Epilepsy).

Medical Issue	Required Treatment	Should paramedic be called?
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No

Is your child presently being treated for an injury or illness, or taking any form of medication for any reason?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

The Motown Museum Summer Camps strive to be as inclusive as possible. In order to help us provide the best experience for campers, parents may choose to volunteer information regarding any special needs or accommodations. The staff and camp counselors will not disclose this information to any other campers. Does your camper have any vision, hearing, mobility, healthcare, or behavioral needs of which we should be aware? Please describe here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child require a special diet?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

I will not hold Motown Museum responsible or its co-organizers for illness or injury incurred at the Motown Museum IGNITE Summer Camp 2019.

Parent's/Guardian's Initials \_\_\_\_\_



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#### Terms of Agreement

##### Photo / Video / Recording Release

I hereby give consent for my child to be photographed, and/or recorded on audio and video during the Motown Museum IGNITE Summer Camp. I understand the photos/videos/recordings will be used to keep a journal of activities, to share during presentations and/or reports to donors and for promotional purposes including flyers, brochures, newspaper articles and online media. I understand that these photos/videos/recordings may be used for advertising but the students' identity will be protected. I do not expect compensation. I accept that all photos/videos/recordings are property of Motown Museum and its affiliates in perpetuity. Although Motown Museum will have the right to use any photos / videos / recordings as outlined above, students will retain rights to the underlying composition of any original material that they compose/create.

Parent's/Guardian's Initials \_\_\_\_\_

#### Approval

I agree with the above. The Motown Museum IGNITE Summer Camp and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. Children's photos, videos, recordings, and quotes may be used for publicity purposes. In case of an emergency, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or a physician).

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Please complete and return the attached application, a copy or scan of the applicant's most recent school report card, and \$20 application fee by **Friday, June 7, 2019**.

Applications will be considered on a first come, first serve basis. **Application deadline is Friday, June 7, 2019.** Early submission is encouraged, as our camps fill up quickly!

The \$20 Application Fee can be paid online, by mail, or in person via checks, money order, debit/credit card or cash. Checks should be made payable and applications returned in person or mailed to:

#### MOTOWN MUSEUM

2648 West Grand Blvd.  
Detroit, MI 48208  
Attn: MOTOWN.EDU Summer Camp

Alternatively, the application along with school report card to can be filled out, scanned, and emailed to: MotownEDU@MotownMuseum.org, with an online application fee payable at [www.MotownMuseum.org/Motown-EDU](http://www.MotownMuseum.org/Motown-EDU).

For additional information please call (313) 875-2264.



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