

# SOUNDWALL ROCK MUSIC CAMP

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## SUMMER, 2024. JULY 21–26 2024.

Thank you for your interest in Soundwall Music's residential rock camps for young musicians.

Soundwall Music Camp is an educational and fun program for musicians ages 12-17. The program includes classes in theory, technique, rock styles and performance; and it features a student concert on the last night of camp. **Singers, guitarists, bassists, keyboard players and drummers with a minimum of one year experience are invited to apply.**

The camp will be held July 21-26 2024 at the University of California at Santa Cruz, Santa Cruz, California

**Accommodations:** double dorm rooms, common bath; three meals per day.  
**All instructional materials are provided.**

## FEES

All applications, including returning campers require a \$50 application fee  
\$1,400 + \$50 application fee per session: Total \$1450

Students, except drummers, bring their own instruments. UC Santa Cruz is about 30 minutes from the San Jose, California airport. Airport transportation, with picks-up and drops-off at UCSC Campus, may be arranged through Santa Cruz Airporter Service at 800-497-4997. Soundwall provides no transportation for campers.

## TO APPLY

TO APPLY Complete all pages of the application, the music evaluation sheet and the recorded YouTube demo. Have a school teacher (not your private music teacher) fill out the recommendation form. To apply electronically, click on the "Application Fee" button from the "Enrollment" page and email the completed application to [adam.soundwallmusic@gmail.com](mailto:adam.soundwallmusic@gmail.com). To apply by snail mail, send a \$50 application fee via check (payable to "Soundwall Music Camps") along with a completed application to: SOUNDWALL MUSIC CAMPS, INC. 21 CAMPBELL PLACE, DANVILLE, CA 94526.

**The application fee is non-refundable and not applicable toward the camp tuition.**



Scan QR Code to pay application fee online or click link below.  
<https://bit.ly/3w9yokH>



**COMPLETED APPLICATIONS MAY BE SUBMITTED STARTING February 10th, 2024. SINCE ENROLLMENT IS LIMITED, INTERESTED STUDENTS SHOULD APPLY EARLY.**

Maximum enrollment is 75 students per camp.  
Questions? e-mail: adam.soundwallmusic@gmail.com.

## INSTRUCTIONS:

Read carefully then complete all parts of all pages. Please type or print in ink. Once application is completed return it with a \$50 application fee. Mail the application fee or pay online with credit card at the following link: Make checks payable to: Soundwall Music Camps, Inc. Once accepted a 50% deposit is due within 7 days. The balance is due by June 1, 2024.

Student Name \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age on June 1 \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_  
Home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Parent's work/cell phone \_\_\_\_\_  
Parent's E-mail address \_\_\_\_\_  
Parent/Guardian name \_\_\_\_\_

**EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_**

Roommate request \_\_\_\_\_  
Instrument to be played at camp \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Cancellation Policy: Before June 1st, 2024: Refunds are made minus the \$250 cancellation fee and the \$50 application fee. After June 1st, 2024: No refunds provided. If camp is cancelled due to COVID restrictions, deposits can be applied to 2025 camps or refunded (app fee non-refundable).

Student signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

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**EMAIL COMPLETED APPLICATIONS TO ADAM.SOUNDWALLMUSIC@GMAIL.COM OR  
MAIL COMPLETED APPLICATION TO: SOUNDWALL MUSIC CAMPS, INC. 21 CAMPBELL  
PLACE, DANVILLE, CA 94526.**

## **(NON-MUSIC) TEACHER RECOMMENDATION FORM**

Your student, \_\_\_\_\_, has applied for admission to our summer rock camp. We teach music fundamentals to young rock musicians ages 12-17 in a one week residential camp program. The camp includes classes in theory, technique, rock styles and band performance. Please answer the following questions to assist us in our evaluation of your student.

What is your relationship with the student and how long have you known him/her?

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Describe the student's character especially in the areas of motivation, creativity, ability to cooperate, initiative, etc.

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How and why do you feel this student would benefit from participating in this program?

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Your Name, e-mail address and daytime phone number

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Signature & date \_\_\_\_\_

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We may be calling you to verify this recommendation. Many thanks for your help!

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## Medical

Student name: \_\_\_\_\_

For safety reasons it the policy of Soundwall Music Camps to maintain possession of any and all medications. It is the responsibility of the student to take their medications as prescribed and to meet with staff to receive the medication at whatever frequency the parent indicates. If the student refuses to be compliant with their medication schedule parents will be notified. Please list all medications that are being taken on a regular basis including prescription and non-prescription products. Bring enough medications to last the entire time at Soundwall. Keep the medication in its original packaging that identifies the prescribing physician, the name of the medication, and the dosage and frequency of administration.

My child takes no medication \_\_\_\_\_

My child takes the following medication(s).

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) of day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) of day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Authorization Form (Summer 2024)

I, the undersigned, having legal custody of \_\_\_\_\_, a minor, consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of a physician or a hospital. It is understood that this authorization is given in advance of any treatment which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. This authorization shall be effective June 10 - August 4, 2024 unless revoked in writing and delivered to agents of Soundwall Music Camp.

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Student's doctor's name \_\_\_\_\_

Doctor's phone # \_\_\_\_\_

Medical plan/insurance \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_

Date: \_\_\_\_\_

## **Soundwall Music Camps Inc. Sponsor of Soundwall Music Camp**

Students & parents, please read and discuss these rules. Sign the consent form on the application page.

Soundwall Music Camp has standards, expectations and rules. These are important and must be followed. Violation of any of these rules is grounds for expulsion. The Camp director, Music Director and primary Music Instructors have the right to expel campers for the violation of these rules without refunding any part of the fees paid.

- Each camper must respect his or her fellow musicians, their property and equipment.
- There is absolutely no possession or use of tobacco, any form of vaping, alcohol or drugs allowed at camp. If a student is caught in possession or using any of the above, he or she will be expelled from camp and forfeit all tuition paid.
- Camp staff must be advised by parents of any prescription medications used by a student.
- There are no weapons of any type allowed in camp.
- Theft and crude or offensive language is not tolerated. Language considered inappropriate would also include any that could be interpreted as indicating bias towards gender, race, religion or ethnicity.
- Campers must follow the direction of the Soundwall staff at all times.
- Each camper will show courtesy and respect for all students, teachers and staff.
- Rules for dress are simple. All campers must wear clean clothes appropriate for a school setting.
- Wear shoes. Shower every day.
- No excessive make-up or jewelry

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Students must be on time for all activities and come prepared with instrument, workbook and pens. All classes & rehearsals are important. Attendance and participation in all classes is mandatory. Lack of participation or poor attendance will result in expulsion.

Lights out means everyone in his or her own room at 10:30PM; and no further playing of instruments, iPhones, etc.

Students are expected to get a good night's sleep in order to perform at maximum levels in all classes and performances.

- Students may not have cars on campus.
- No one is allowed off campus without the Camp Director or Music Director.
- Boys are prohibited from the girl's part of the dorm.
- Visitors are not allowed at Soundwall

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## Music Evaluation: Keyboards

Name \_\_\_\_\_

- How long have you been playing keyboards? \_\_\_\_\_
- Do you now take or have you taken keyboard lessons? \_\_\_\_\_
- How long and name of teacher(s)? \_\_\_\_\_
- What materials, books, etc. have you studied? \_\_\_\_\_
- How often do you practice? (hours per day? days per week?) \_\_\_\_\_
- What kind of keyboards do you play (brand, model) \_\_\_\_\_
- What other instruments do you play? \_\_\_\_\_
- How long playing each? \_\_\_\_\_
- Have you studied and/or do you know music theory? \_\_\_\_\_
- Tell us briefly why you like playing keyboards and what your goals are. \_\_\_\_\_

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## DEMO RECORDING

(MUST BE INCLUDED WITH APPLICATION)

Record the following exercises in this order on your recording.

**All demos must be submitted via YouTube links.**

**Do not write links on application, they must be emailed to us at:**

**adam.soundwallmusic@gmail.com.**

1. Play one song (no more than one minute) with a band or play along with a recording of your choice. Identify the band and song.
2. Play a two-octave scale (any) for 30 seconds.
3. Play a simple solid rhythm keyboard pattern for 30 seconds

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## SOUNDWALL MUSIC CAMPS, INC. COVID-19/CORONAVIRUS LIABILITY WAIVER AND RELEASE, AND INDEMNITY AGREEMENT

On behalf of myself, I acknowledge with my signature my participation in the Soundwall Music Camps Program. I understand that by participating in this Soundwall Music Camps Program there is an inherent risk of potential exposure to infectious diseases, including but not limited to COVID-19/Coronavirus. Soundwall Rock Music Camps will implement safety protocols to the best of their ability. However, the risk of potential exposure cannot be eliminated. On behalf of myself, the Participant, my heirs and dependents, personal representatives, assigns and insurers, I now voluntarily and knowingly release and hold harmless the Soundwall Music Camps, Inc., its officers, employees, volunteers, successors in interest, insurers, contractors, and any persons or entities with which/whom the Camp is affiliated (hereinafter collectively referred to as the "Camp"), from any and all liability, lawsuits, or claims for injuries, death, or property damage resulting from, arising out of, or in any way connected with Participant's participation in the activities and programs (collectively "Claims"), including but not limited to Claims arising out of or in any way related to any emergency medical care administered, any illness or infection or disease, and COVID-19 or Coronavirus related health issue or exposure. This waiver and release shall apply even in the event that such personal injury, death, or property damage is caused or contributed to in whole or part through the passive or active negligence of the Camp (with the exception of sole, active negligence).

I agree to defend, hold harmless, and indemnify the Camp from and against any and all Claims (including attorney's fees) arising out of, or in any way related to Participant's participation in the activities and programs, any actual or alleged negligence of myself or Participant, any emergency medical care administered, any illness or infection or disease, and/or COVID-19 or Coronavirus related health issue or exposure.

I HAVE READ THIS WAIVER AND RELEASE IN ITS ENTIRETY. I FULLY UNDERSTAND IT AND RECOGNIZE THAT THIS WAIVER AND RELEASE IS A LEGALLY BINDING DOCUMENT. I UNDERSTAND THAT BY EXECUTING THIS WAIVER AND RELEASE, I AM VOLUNTARY ASSUMING THE RISKS DESCRIBED HEREIN, AND WAIVING MY LEGAL RIGHTS ASSOCIATED THEREWITH.

Print Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Print Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

