

MADD

Music Art Dance Drama

Vacation Bible Camp



June 19-23 from 9 am to 12 pm for ages 4-10
with a special presentation during worship on June 25

At the Community Church of Sebastopol, United Church of Christ
1000 Gravenstein Hwy North in Sebastopol

June 19-23 & June 25 from 9 AM to 12 PM for ages 4-10

***With a camp presentation during worship on June 25 at 10:30 am**

Co-sponsored by the Christian Education and Middle & High School Youth Groups

Please fill out separate registration forms for each child.

Child's Name: _____

Child's Birth Date: _____ Grade entering Fall 2017: _____

Address: _____

Phone: _____

Parent/Guardian's Name(s): _____

Work/Daytime Phone: _____

Additional Emergency Contact _____

T-Shirt Size (Child sizes): _____ Is there anything else we should know about your child to help the week run more smoothly? Does your child have any special needs? _____

Please make checks payable to:
The Community Church and specify
"MADD Camp" on memo line of your
check and mail to P.O. Box 579,
Sebastopol, CA 95473. Thank you.

- _____ \$115 advance payment required for
Early Bird Rate before June 12.
Ask about sibling discount & scholarship info 823-2484
- _____ \$125 payment after June 12
- _____ or \$25 per day per child
- _____ **Total** amount enclosed for this child
- _____ *My child will miss the Sunday
morning presentation on June 25

Important!

Attention All MADD Campers!

This promises to be a week of fun for all **MADD Campers** ending with a fabulous performance at noon on Friday! Parents, family and friends are invited to attend this special performance on Sunday, June 19.

Snacks will be provided. Your child will be going home for lunch.

Please Note:

- ◆ Camp will be from **9 a.m. to 12 p.m.**
- ◆ Children ages 4 to 10 years are invited to attend.
- ◆ **Medical releases** are mandatory for every camper. They must be filled out and signed *prior to the first day of camp.*
- ◆ Each child must be signed in and out of **MADD Camp** each day by a parent or guardian. **No drop offs.**

◆ We need to know if your child will be at the **presentation on Sunday, June 25.**
Please include this information with your camp registration. This is very important as it makes planning the performance so much easier.

Send registration forms, signed medical release and all payments to:

The Community Church, UCC
P O Box 579
Sebastopol CA 95473

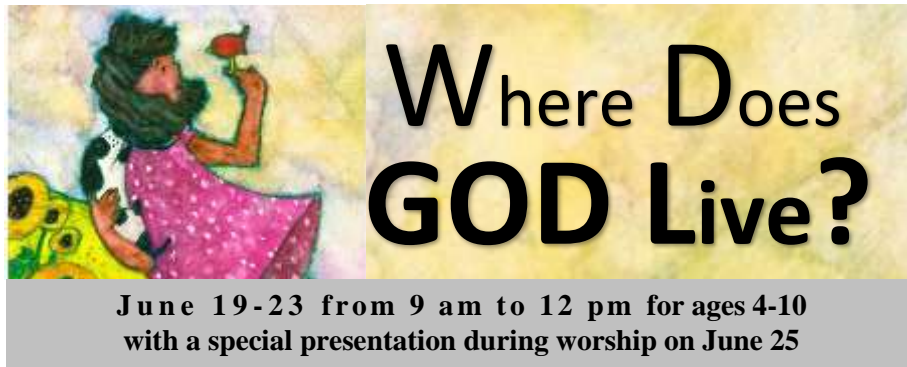
Please call 823-2484 with any questions.

Sponsored by the Christian Education Board at the Community Church of Sebastopol, UCC. Camp staffed by volunteers from the Youth Groups and adults from the Community Church of Sebastopol, 1000 Gravenstein Hwy North in Sebastopol

www.uccseb.org

Early Bird Registration Discount Deadline is June 12

MADD Music Art Dance Drama Vacation Bible Camp



COMMUNITY CHURCH OF SEBASTOPOL • 823-2484 • office@uccseb.org

Dear Parents,

We are excited your child is coming to MADD Camp at the Community Church of Sebastopol! The theme for camp this year is "Where Does God Live?" and will be June 19-23 and June 25 from 9 am-12 pm every day. There will be **a presentation for families (not to be missed!) during worship on Sunday June 25 at 10:30 am**. Please sign-in your camper between 8:45-9:00am (no drop-offs), and sign out at 12 pm sharp.

The middle and high school counselors are energized and hard at work preparing for camp along with plenty of help from our adult staff.

A typical day will look something like this:

- *Gathering Circle Games in the Sanctuary* • *Bible Story and Spiritual Practice* • *Large Group Art*
- *Snack* • *Music* • *Art, Dance, & Drama in Small Groups* • *Closing Circle*

Dress up Days! Each day campers are invited to dress up with their interpretation of these themes:

Monday—favorite color

Tuesday—animal

Wednesday—What you want to be when you grow up

Thursday—pajamas

Friday—crazy socks/hat/hair & camp shirt!

Sunday—camp shirts

The camp provides a snack every day, but please send your child to camp having eaten a **hearty protein breakfast**, as we will be active all morning! If your child has allergies, please note it on the medical form. If it is a severe allergy, we may ask you to provide a snack for your child every day. Please fill out the enclosed medical form and send it in to the church office prior to camp or bring it Monday morning. Each camper must have a medical form completed before the start of camp.

Thanks so much! It's going to be a great camp! If you have questions or concerns, please feel free to call me at the church office: 823-2484.

Warmly,

Pastor Rachel

The Community Church of Sebastopol, UCC

P O Box 579 Sebastopol CA 95473 (707) 823-2484 www.uccseb.org

Emergency Medical Release Form

Name _____ Gender _____ Age _____ DOB _____
 Address _____ City _____ Zip _____
 School _____ Grade _____
 Family Physician _____ Phone _____
 Dentist _____ Phone _____
 Eye Doctor _____ Phone _____

Accident/Health Insurance Provider _____

Phone _____ Policy Number _____

PLEASE ATTACH A COPY (FRONT & BACK) OF THE INSURANCE CARD.

Date of most recent tetanus shot/booster _____ Glasses or contacts worn? _____
 Allergies to medications? Please list _____
 Any other Allergies? (type, description of symptoms, etc) _____
 Is emergency medication required for this allergy? _____
 Does your child have any condition or limitation the leaders should know about to assure his/her well being at youth events and activities?
 Please explain _____
 Has your child had any major illness at any time which may affect his/her ability to participate in any activity? Please explain _____

Medical History Has your child been subject to any of the following? If yes, please specify in the space below, noting how recently the condition occurred. If none apply, please circle the following descriptor: **NONE APPLY**

Cerebral Palsy	Diabetes	Epilepsy	Heart Disease	Rheumatic Fever	Hyperactivity, ADD or ADHD
Mumps	Hepatitis	Encephalitis	Scarlet Fever	Whooping Cough	Autism/Asperger's
Tires Easily	Fractures	Convulsions	Fainting Spells	Frequent Headaches	Eye Problems
Dizziness	Rubella	Chicken Pox	Ear Problems	Frequent Urination	Frequent Colds
Nosebleeds	Other: _____				

May the medical supervisor administer any of the following to your child?

Symptoms	Treatment	Yes	No	Symptoms	Treatment	Yes	NO
Allergy, Hives, Bites	Benadryl			Fever, Flu, Headache	Acetaminophen, Ibuprofen		
Congestion	Sudafed			Menstrual Cramps	Acetaminophen, Ibuprofen		
Cough	Robitussin DM			Sore Throat	Acetaminophen		
Cuts	Peroxide, Neosporin						

I give my permission for my child to receive the above medications as indicated by the "Yes" column. Before treatment is provided for any other illness or injury, parental contact or physician advice will be sought.

IN CASE OF MEDICAL EMERGENCY, I give permission to the physician selected by the Youth Leaders to secure proper treatment for, hospital, and order injection, anesthesia or surgery for my child named. **(Every effort will be made to first contact parent or guardian)**

IMPORTANT: I will notify the Youth Leaders if my child is exposed to any communicable disease during the two weeks prior to attending any function.

I, the undersigned parent/guardian of the named minor, do hereby authorize The Community Church as agent for the above named to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff at any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of a specific diagnosis, treatment or hospital are being required but is given to provide authority and power on the part of my aforesaid agent to give specific consent to any and all such diagnosis, exercise of his best judgment may deem advisable. I hereby authorize any hospital, which has provided treatment to the above named minor pursuant to the health and safety provision for any and all States in the United States of America and to surrender physical custody of such minor to my above named agent upon the completion of treatment. These authorizations shall remain effective until September 15, 2018, unless revoked sooner in writing and delivered to said agents. A photocopy of this authorization shall have the same force and effect as the original.

TRANSPORTATION: Youth Leaders (over the age of 25) have my permission to transport my child to and from youth events YES NO

Parent/Guardian Signature _____ Today's Date _____
 Printed Name _____ Relationship _____
 Phone _____ (Home) _____ (Work or Cell) _____ Email _____

In case of emergency, when the above cannot be reached, contact:

Name _____ Relationship _____ Phone _____ (Home) _____ (Work or Cell) _____
 Name _____ Relationship _____ Phone _____ (Home) _____ (Work or Cell) _____