

**MADD**  
 Music Art Dance Drama  
 Vacation Bible Camp



**The Prodigal Child**

June 11-15 from 9 am to 12 pm for ages 4-10  
 with a special presentation during worship on June 17

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

**June 11-15 & June 17\* from 9 AM to 12 PM for ages 4-10**

**\*With a camp presentation during worship on June 17 at 10:30 am**

Co-sponsored by the Children's Ministry Team 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 2018: \_\_\_\_\_

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 May 14.  
 Ask about sibling discount & scholarship info 823-2484
- \_\_\_\_\_ \$125 payment after May 14
- \_\_\_\_\_ or \$25 per day per child
- \_\_\_\_\_ **Total** amount enclosed for this child
- \_\_\_\_\_ \*My child **will attend** the Sunday  
 morning presentation on June 17



# 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 17.

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 attend the presentation on Sunday, June 17.** 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 Children's Ministry Team 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](http://www.uccseb.org)

**Early Bird Registration Discount Deadline is May 14  
Camp Registration Closes June 4**

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with a special presentation during worship on June 17

COMMUNITY CHURCH OF SEBASTOPOL • 823-2484 • [office@uccseb.org](mailto: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 "The Prodigal Child" and will be June 11-15 and June 17\* from 9 am-12 pm every day. There will be a **presentation for families (not to be missed!) during worship on Sunday \*June 17 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](http://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 care 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, 2019, 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) \_\_\_\_\_