

# MAD Camp 2018

At West Valley Presbyterian Church

6191 Bollinger Rd. Cupertino, CA 95014 408.252.1365

July 30 - August 2 & 5

9am – noon

2nd - 6th Grades

Cost: \$100/1<sup>st</sup> child; \$85/additional sibling

No refunds after 7/20/18

## Registration

Please indicate two elective classes and one alternate class, in order of preference (1-3)

(All children will participate in camp choir and daily devotions.)

\_\_\_\_ Art    \_\_\_\_ Drama    \_\_\_\_ Dance

\_\_\_\_ Handbells    \_\_\_\_ Percussion    \_\_\_\_ Ukulele

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender: M / F

Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Entering Fall 2018: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell # \_\_\_\_\_

Home Church \_\_\_\_\_

### My child can be released to:

Name: \_\_\_\_\_ ID# \_\_\_\_\_

### Persons to be contacted in case of emergency:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Insurance Policy Number \_\_\_\_\_

Does your child have any medical condition(s) that we should be aware of? Y / N

Allergies or other medical conditions \_\_\_\_\_

### General Release

I give permission for my child to participate in the MAD Camp at West Valley Presbyterian Church (WVPC). By signing, I agree that any photographs/video taken of my child at or during this event are the property of WVPC and may be used in future publications as deemed appropriate.

The undersigned gives releases West Valley Presbyterian Church, its officers, employees, and agents from any liability whatsoever for any injury or death to person or loss or damage to property sustained by the undersigned for any member of his family, in attendance, and the undersigned agrees to defend and indemnify West Valley Presbyterian Church, its officers, employees, and agents from any liability or loss they might sustain by reason thereof.

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the director of children's ministry to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

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

### For Office Use Only

Fees Paid \$ \_\_\_\_\_ Cash / Check \_\_\_\_\_ Date: \_\_\_\_\_

please print clearly