

# Sioux City Community Theatre M.A.D.D. Camp

JUNE 22-25 · 9AM—NOON

FOR KIDS **COMPLETING** Pre-K – 8th GRADE

REGISTRATION CLOSES June 5

**Cost: \$60 per child or \$120 per family**

**M.A.D.D. Camp** is four days of fun in

which kids can learn music, art, dance, drama and more!

Explore this flier for class options and registration information.

## DAILY SCHEDULE

9:00 Daily fire-up

9:25 Session A

10:20 Snack

10:45 Session B

11:40 Huddle

12:00 Pick-up kids

## LOCATION

**Sioux City Community Theatre (1401 Riverside Blvd.)**

## INFORMATION FOR PARENTS AND GUARDIANS

We ask that each participant wear their M.A.D.D. Camp Bandanna  
(given on the first day) each day.

Each age level will have a different color.

For your child's safety, bring children inside and sign them in each day.

Sign them out when picking them up at the end of each day.

Please advise staff at the registration table if a different person will pick  
up the child than the person who dropped him or her off.

**If you have any questions, please contact:**

**Christine Wolf 899-3045 or [ytsct@cableone.net](mailto:ytsct@cableone.net)**

## Class Options

Choose 1 class per session

### GRADES Pre-K- 2

#### SESSION 1

\_\_\_ **Crazy Crafts** Megan

\_\_\_ **Music** Amanda

#### SESSION 2

\_\_\_ **Un-birthday Party** Megan

\_\_\_ **Music** Amanda

### GRADES 3-5

#### SESSION 1

\_\_\_ **Improv** John

\_\_\_ **Madd Tea Party** Mendy

\_\_\_ **Music & Movement** Kayla

#### SESSION 2

\_\_\_ **Dance** Sarah

\_\_\_ **Trickery** Ben

\_\_\_ **Costume/Set Design** Dani

### GRADES 6-8

#### SESSION 1

\_\_\_ **Choreography/ Dance** Sarah

\_\_\_ **Dialect/Accents** Ben

\_\_\_ **Musical Revue** Dani

#### SESSION 2

\_\_\_ **Character Make-Up** Kayla

\_\_\_ **Improv** John

\_\_\_ **Be Our Guest** Mendy

## Family Night

**Thursday, JUNE 25**

**5 P.M. TO 7 P.M.**

To wrap up a great week of M.A.D.D. Camp

All M.A.D.D. Camp participants, their friends and family are invited.

Kids will showcase what they learned during the week.

Kids, be sure to wear your Bandanna too!

5:00-6:00 p.m. M.A.D.D. Camp Showcase!

6:00-7:00 p.m. Hot Dog Supper.

# M.A.D.D. Camp REGISTRATION FORM

Additional forms may be downloaded at [www.scetheatre.org](http://www.scetheatre.org) or picked up at the theatre.  
M.A.D.D. Camp is open to kids who have **completed** 1 year of preschool—8th grade.

## Registration closes June 5th.

CHILD'S NAME: \_\_\_\_\_ GENDER: Male Female

BIRTHDATE: \_\_\_\_\_ GRADE COMPLETED: \_\_\_\_\_ (grade completed)

PARENT(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE # during camp hours: \_\_\_\_\_

LOCAL EMERGENCY CONTACT (Name/Phone) \_\_\_\_\_

ALLERGIES OR MEDICAL CONCERNS: \_\_\_\_\_

Friend to be with (must submit registrations together): \_\_\_\_\_

Cost: **\$60 per child, \$120 maximum per family.** No refunds will be given after June 5, 2009  
Fee includes Bandana, snacks, supplies and equipment.

## Choose 1 class per session and indicate 1<sup>st</sup> and 2<sup>nd</sup> choice for each session.

### GRADES Pre K-2

#### SESSION 1

\_\_\_ Crazy Crafts  
\_\_\_ Music

#### SESSION 2

\_\_\_ Un birthday Party  
\_\_\_ Music

### GRADES 3-5

#### SESSION 1

\_\_\_ Improv  
\_\_\_ MADD Tea Party  
\_\_\_ Music and Movement

#### SESSION 2

\_\_\_ Dance  
\_\_\_ Stage and Card Trickery  
\_\_\_ Musical Revue

### GRADES 6-8

#### SESSION 1

\_\_\_ Choreography/Dance  
\_\_\_ Dialect & Accents  
\_\_\_ Costume/Set Design

#### SESSION 2

\_\_\_ Character Make-up  
\_\_\_ Improv  
\_\_\_ Be Our Guest

**Payment must accompany registration.**

**Registrations may be dropped off or mailed to:  
Sioux City Community Theatre  
1401 Riverside Blvd. Sioux City, IA 51109**

TOTAL PAYMENT DUE \$ \_\_\_\_\_

CASH CHECK CHARGE ACH (circle one)

CHARGE

CARD # \_\_\_\_\_ EXP. \_\_\_\_\_ VCODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ACH Bank account debit

50% on May 20 and 50% on June 20

Account number \_\_\_\_\_ ABA Routing number \_\_\_\_\_

Financial Institution \_\_\_\_\_ Account Type \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Sioux City Community Theatre**  
**Summer 2009 Class/Camp**  
**Emergency Contact/Release Form**

*Your child MUST have this form on file in order to participate in SCCT YT activities*  
(Please print)

STUDENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ EVENING TELEPHONE \_\_\_\_\_

DAYTIME TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY CONTACT TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

I understand and agree to escort my child into the facility when bringing them to class, and to enter the building to pick my child up at the end of class. I understand payment is due at the time of registration for all SCCT Youth Theatre activities.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**MEDICAL/TRANSPORTATION LIABILITY RELEASE**

In case of first aid or emergency, all reasonable effort will be made to contact the names listed on this registration. If these people cannot be reached, Camp leadership (SCCT) has permission to act in seeking treatment for the child in the event that such treatment is deemed necessary. Those administering emergency treatment will do so using those measures deemed necessary. SCCT, it's agents, and representatives, are absolved from liability and will be held harmless under civil laws of Iowa. This release of liability shall include (without limitation) any claims of negligence. All costs arising from this action, to obtain any medical treatment deemed necessary, will be paid by the person signing this release form. Every activity sponsored by SCCT is planned and supervised. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in these functions and activities. They also agree not to hold SCCT or its employees or volunteers liable for damages, losses, or injuries to the child or property of the undersigned. The parents or guardians understand that they are signing for the minor listed on this form as well as for themselves. They also acknowledge that the signature is for both a medical and liability release, as representatives are undertaking the responsibility for the child based upon representations made by the parents or guardian on behalf of themselves and the child. This medical release is effective from this day and continues for as long as your child participates in SCCT activities.

**PUBLICITY RELEASE**

Sioux City Community Theatre may take photographs or make an audio or video recording of children and/or adults involved in SCCT activities to be used for promotional purposes. Furthermore, the child may be interviewed by the news media, or such photographs and other audio or visual recordings may be used by the news media.

I have read and agree to all of the information listed above in this **medical/transportation liability release** and **publicity release** form and give my child permission to participate in SCCT YT activities.

Parent/Guardian signature(s):

\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

Registrations may be dropped off or mailed to:

**Sioux City Community Theatre, 1401 Riverside Blvd, Sioux City, IA 51109**