



2008 Children in Action

Cabin # _____

Assigned at camp

Camp Date _____

Name _____ Grade completed _____ Age _____

Address _____
City State Zip

Phone (____) _____ Email address _____

Church _____ Association _____

Pastor _____

Complete and bring to Camp La Vida at time of registration



Camp La Vida Camper Information (complete and bring to camp)

My name is _____ I am _____ years old.

My address is _____

I am in the _____ grade. I attend _____ Church.

This is my _____ time to attend Camp La Vida. I have _____ brothers and _____ sisters.

Check one:

_____ I am a Christian. A Christian is a person who _____

_____ I am not a Christian. _____

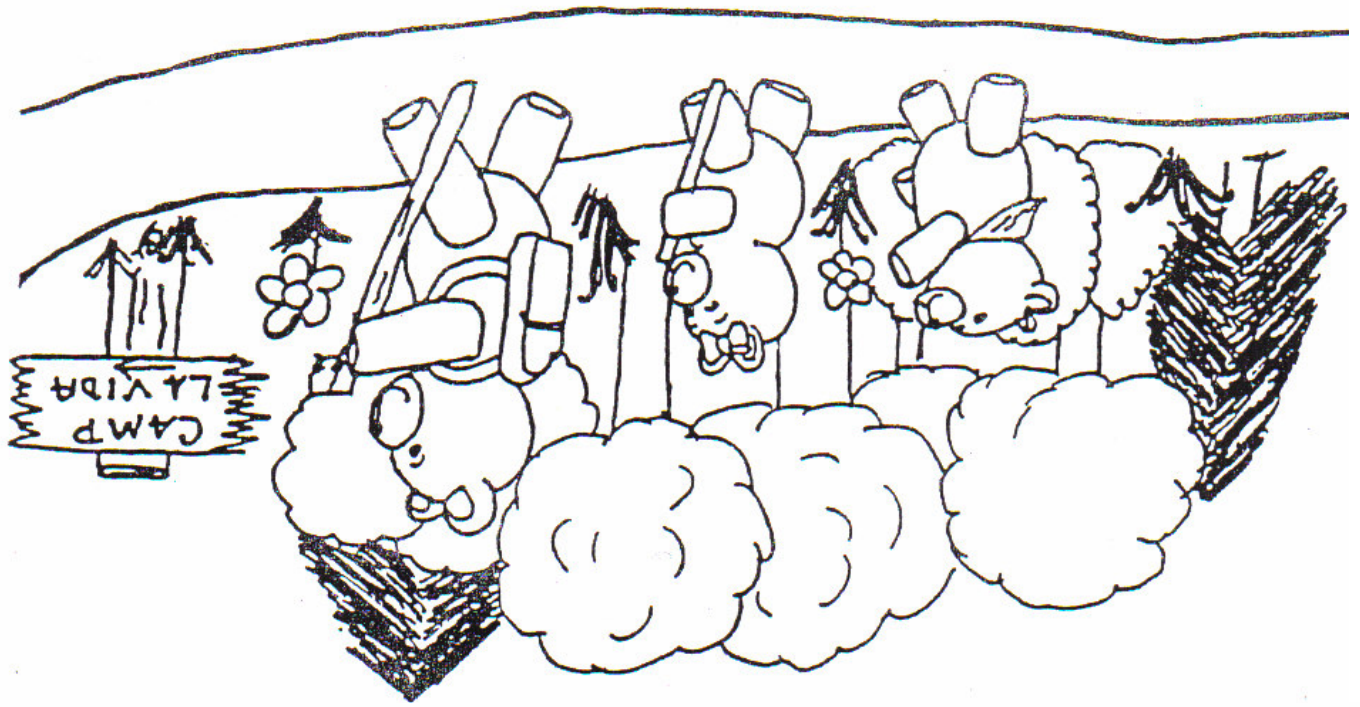
_____ I am undecided. _____

I came to Camp La Vida because _____

Some of my favorite things to do are _____

For Parents:

Who will pick up your child? _____ Can your child swim? Yes _ No _ Parents initial



Parent / Camper Information



Directions to Camp La Vida, White Oak, SC

Camp La Vida, 218 LaVida Road, Winnsboro SC 29180-9605

Camp La Vida is located in the White Oak community about three miles off Highway 321 or six miles off I-77 between Winnsboro and Chester off State Road 20 (Mobley Hwy) 1½ miles southeast of White Oak Conference Center (WOCC). Camp phone number 803-635-6608.

Spartanburg 2 hrs. I-26 toward Columbia take exit 74 Newberry/Winnsboro (SC Road 34) go east (left) toward Winnsboro approximately 35 miles to Hwy 321 go north (left) toward Chester about 8 miles and turn right at WOCC and Camp La Vida sign. Turn right on first road (Mobley Hwy) at sign. Camp La Vida is two miles on right. Look for a yellow sign and LaVida Road street sign.

Greenville 2½ hrs. From I-385 take I-26 toward Columbia and follow directions for Spartanburg.

Columbia 1 hr. I-77 toward Charlotte take White Oak exit 46 (SC Road 20) go toward White Oak for six miles through one stop sign. Camp La Vida is on the left. Look for a yellow sign and LaVida Road street sign.

Charleston 2½ hrs. I-26 to I-77 toward Columbia and follow directions for Columbia.

Florence 2 hrs. I-20 to I-77 toward Charlotte and follow directions for Columbia.

Chester ½ hr. Hwy 321 south toward Winnsboro about 18 miles. Look for small White Oak highway sign. Continue 2 miles, when you see Weeping Mary Baptist Church on the right prepare to turn left. See WOCC and Camp La Vida sign as you turn. Turn right on first road (Mobley Hwy) at sign. Camp La Vida is two miles on right. Look for a yellow sign and LaVida Road street sign.



An Important Letter to Children in Action Parents

2008

Dear Parents:

Camping is an enriching time for your child and can be a lifetime memory. I am glad you are allowing your child to spend time with us at Camp La Vida. We are owned and operated by S. C. Woman's Missionary Union, commonly called WMU in your local church. We are accredited by the American Camping Association, this means we meet and exceed their standards dealing with facilities, staff, health care, food service, and management.

Our goal is to enable campers to relate to missionaries to deepen their understanding and response to missions through praying, giving, and doing, including when called going as a career missionary and give an opportunity for non-Christian campers to accept Jesus Christ as Savior. Our desire is for children and youth to excel at camp, to learn new things, and build self-confidence.

To ensure the best possible experience, you can prepare them for their new, exciting, challenging week! Help them know what to expect as far as a busy schedule, cafeteria food, shared cabin living with their own bunk bed along with a buddy and 10 or 11 other campers. We have a total of 200 campers per camp. There are a few things of which you need to be aware. Your child will not be able to receive or make telephone calls (see information about phones below). However you can send one way emails to your child through Bunk1 (see insert in this packet). We encourage them to bring a journal to write about their activities. Ask them to write letters home telling you about their week. Pack a camera because pictures are a great way to share. Campers often agonize in trying to buy gifts for family members so you might want to tell your child not to worry about buying for everyone.

There are other ways you can help prepare your child: Tell them you can't wait to hear about all they did and their new friends instead of saying "I'm going to miss you sooo much." Tell them "I know you will have a great time!!!!" So, set the stage. **BE POSITIVE!** Let your camper know that you expect the week to be a good one for them. Sometimes children feel guilty for leaving their parents. Other times parents create an idea in the child's mind that they will be missed, thus increasing the chance of homesickness. Please do not tell them they can talk to you on the phone. If a child has been told by the parent they will come get them, they will use the "out" and not even give camp a try. Most children adjust and have a great time. The camp staff is trained to assist campers in overcoming homesickness. Depending upon each individual situation, I will contact you immediately or asap, if your child has a physical illness, injury, or extreme case of homesickness. Parents are cordially invited to tour camp when bringing or picking up their group. Camp La Vida is fully staffed; leaders and parents do not stay or visit during the week. If you are interested in the topic of homesickness visit www.campspirit.com.

Our camp staff, composed mostly of college students, have gone through a very selective interview process and an intensive training program to equip them to work with campers. Our staffers love children and youth and are committed to missions and the Christian lifestyle. Your child will be supervised at all times. In addition to the camp staff, there are North American, international, and state missionaries each week. During coed camps we have a coed staff. We have a Camp Nurse on staff ready to meet campers' medical needs. All medicines, including over the counter drugs, will be kept in the first-aid room. Prescription medicine must be in the original container. Please list all medications that need to be given at camp on the health form. Bring just enough medicine for their time at camp. Camp has medicines such as Tylenol, antacids, etc. The Camp Nurse will administer all medicines. If your child has a sensitive problem such as bed-wetting, hyperactivity, or menstrual concerns, please let the camp director or camp nurse know in a letter. All issues will be handled discreetly. Only the camp administration and the child's cabin leader will know. Cabins are air-conditioned, along with most of the other buildings, so campers need not bring fans.

During registration, your group must be supervised until the campers have been taken to their cabins and are under the care of our staff. Registration may take up to two hours.

Please indicate on the camper information card in this packet who will pick up your child. Also the person transporting your child will be asked who will pick up your group. If there is any danger of a non-authorized pick-up, alert us to that possibility. If any changes occur, call camp 1-803-635-6608. Thank you for helping us to have a safe camp for your child.

DROP-UP or PICK-UP Time - for security, gates will not be opened until a half hour before drop-off or pick-up time. Do not arrive before that time.

Times: July 14-18 Registration begins **Monday 10 AM** Pick-up **Friday 1 PM** (includes lunch)
July 9-11 Registration begins **Wednesday 2 PM** Pick-up **Friday 1 PM** (includes lunch)

What will we do at Camp? Camp has specially designed programs for each age. Learning about missions in an environment that encourages teamwork while providing individual challenges is what Camp La Vida is all about. Lots of activities are available for the campers. During week sessions when campers arrive, they choose one of the five tracks listed below and participate in this track four times during the week. During free time, campers choose activities such as riflery, archery, canoeing, puppets, drama, Spanish, pottery, sign language, etc. Options during our week sessions are our “Flying Squirrel”, an 18 foot elevation giant swing with harness and for rising 6th graders and up climbing our 32 foot climbing wall. During minicamps, campers have two free time sessions and choose one of the free time activities. Nighttime activities include worship services, staff talent show, pool night, campfire, etc. If there are any objections to your camper participating in any of these activities, please note it on their health form.

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- Outdoor Living Skills** - learn skills in camping such as orienteering, site preparation, and safety. This includes an overnight campout. Interested campers should bring a sleeping bag.
- Adventure Recreation** - team building, a 10 foot wall, and individual challenges are part of this track in the ropes course.
- Creative Arts** - includes the development and practice of skills in drama, puppets, and interpretive movement.
- Outdoor Recreation ARC** (Archery Riflery Canoeing) - Riflery and archery safety and target shooting. Canoeing basic fundamentals, skill development, and safety.
- Pottery** - campers have an opportunity to make clay crafts: hand forms or a piece on the wheel.

Forms: This packet includes registration card, camper information card, health form, and Camper’s Promise. All four of these forms are to be filled out and brought to camp. Campers will not be allowed to attend camp unless the health form is **completely filled out and signed** by a parent or guardian.

Phone: Campers are not allowed to bring cell phones or use the office phone for any reason. If your child is found with a cell phone they may be sent home. When campers sneak phones into camp, it is teaching them to be dishonest and that it is OK to break the rules. This causes a guilty conscience and sets them up to fail at camp. It has been our experience that talking to parents, or anticipating talking to parents, prevents children from adapting to camp. Cell phones diminish the security of the camper because there is no control of who the camper calls or from whom they receive calls. The schedule is packed full with quality programming and fun, educational, and inspirational activities so there is no time to use the phone. I will call you if there is a need or an emergency. Camp’s number is 1-803-635-6608.

Camp can be an exciting, life-changing experience. Pray all campers will have a good, safe, and enriching time.



Cindy Skelton
Camp Program Director

Camp La Vida Health History Form for Children, Youth, and Adults Dates _____

2008

Camp La Vida is not equipped to handle persons with certain emotional, mental, or physical disabilities. Contact Camp Director for further consultation.

Provide complete information so that the camp can be aware of the camper needs.

Name _____ Birth date _____ Age at camp _____
Last First Middle

Home address _____
Street address City State Zip

Social Security number of participant _____ Gender Female Male

Custodial parent(s)/guardian _____ Home phone (____) _____

Home address _____
(if different from above) Street address City State Zip

Father business phone (____) _____ Father cell phone (____) _____

Mother business phone (____) _____ Mother cell phone (____) _____

If not available in an emergency, notify _____

Relationship _____ Phone (____) _____

Address _____
Street address City State Zip

Insurance Information

Is the participant covered by family medical / hospital insurance? ___ Yes ___ No

If so, indicate carrier or plan name _____ Group # _____

Important - This box must be signed and completed for attendance - Important Authorizations for participation, use of likeness, medical treatment, and transportation

Parent/Guardian Authorizations: this health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I give permission for photographs, video footage of me/my child, or written statements to be used by SC WMU/Camp La Vida for promotional purposes through materials and websites.

I hereby give permission to the camp to provide routine health care, dispense medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____

Printed Name _____ **Date** _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper / staffer _____ **Date** _____

Allergies / Dietary Restrictions - list all known. Describe reaction and management of the reaction.

Medication allergies - list allergies or specify none:

Food allergies - list allergies or specify none: - include nuts, dairy products, seafood, eggs, etc.

Does not eat _____

Other allergies - list allergies or specify none: - include insect stings, hay fever, etc.

Year

Cabin

Name

Activity restrictions - explain any restrictions due to health reasons (e.g. what cannot be done, what adaptations or limitations are necessary) (some activities are swimming, 32' climbing wall for completed fifth grader & up, giant swing, running, hiking, canoeing, etc.)

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or non prescription drugs) taken routinely. Bring only enough medications to last for the time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Medication or Treatment	Dosage	When taken each day?				Reason for taking	Will have at camp?	
		B'fast	Lunch	Dinner	Other		Yes	No

GENERAL QUESTIONS (Explain "yes" answers below by numbers.)

- | | | | | | |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Has/Does the participant: | Yes | No | | Yes | No |
| 1. Any recent injury, illness or exposed to any infection disease? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Have any skin problems (e.g., itching, rash, acne)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition? | <input type="checkbox"/> | <input type="checkbox"/> | 20. Have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> | 21. Have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have frequent headaches? | <input type="checkbox"/> | <input type="checkbox"/> | 22. Had mononucleosis in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ever had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> | 23. Had problems with diarrhea/constipation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ever been knocked unconscious? | <input type="checkbox"/> | <input type="checkbox"/> | 24. Have problems with sleepwalking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> | 25. Have a history of bed-wetting? | <input type="checkbox"/> | <input type="checkbox"/> |
| Eyewear brought to camp? | <input type="checkbox"/> | <input type="checkbox"/> | 26. Ever had an eating disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Ever had frequent ear infections? | <input type="checkbox"/> | <input type="checkbox"/> | 27. Ever had emotional difficulties? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Was professional help sought? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 28. Ever acted out for attention? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ever had seizures? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, how? | | |
| 13. Ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 29. Ever been homesick? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> | 30. Is your child a swimmer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Ever been diagnosed with a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | For females only | | |
| 16. Ever had back problems? | <input type="checkbox"/> | <input type="checkbox"/> | 31. Have an abnormal menstrual history? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Ever had problems with joints (e.g., knees, ankles)? | <input type="checkbox"/> | <input type="checkbox"/> | Last menstrual period | | |
| 18. Have an orthodontic appliance being brought to camp? | <input type="checkbox"/> | <input type="checkbox"/> | Has been informed about menstruation? | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" answers, list the number of the questions and list past medical treatment, if any.

Which of the following has the participant had?

- Measles Chicken pox German measles Mumps Hepatitis A Hepatitis B Hepatitis C

Please give last dates for all immunizations, tetanus date required if you had one if not put none.

Vaccine	Mo/Yr	Vaccine	Mo/Yr	Vaccine	Mo/Yr	Vaccine	Mo/Yr
DTP diphtheria/tetanus/pertussis. _____		Tetanus..... _____		MMR measles/mumps/rubella. _____		Varicella chicken pox. _____	
TD tetanus/diphtheria..... _____		Polio..... _____		Hepatitis B <input type="checkbox"/> Yes <input type="checkbox"/> No. _____			

TB Mantoux Test Date of last test _____ Result: Positive Negative

Please describe your child's basic personality, temperament, and attitude. _____

Provide any current information about the participant's behavior and physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations about which the camp should be aware (use additional paper if needed).

Name of family physician _____ Phone (____) _____ Last office visit _____

Address _____

Name of family dentist/orthodontist _____ Phone (____) _____ Last office visit _____

Address _____

For camp use only screening record	Screened by _____
Date screened _____ Time _____	Updates? Additions to health history noted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required
Meds received _____	
Current health needs identified _____	



Camper's Promise

I will treat others at camp as I would want to be treated.

I will try new things and meet new people.

I will have a good and positive attitude.

I will tell my cabin leader when I have a problem.

I will be sensitive and considerate of others at camp and especially in my cabin.

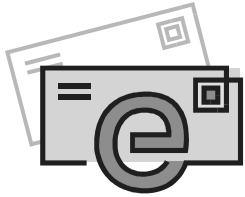
Camper

Date

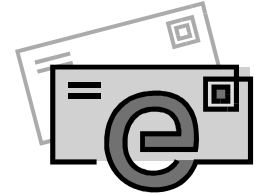
I have read the camp information and the statements above and have discussed them with my child.

Parent or Guardian

Date



Stay in touch this summer with One-Way Camper Email



We are excited to tell you about our partnership again this year with Bunk1.com! Bunk1's secure, easy to use, summer website services let you stay in touch with your child while they are at camp!

RETURNING PARENTS: If you had an account at this camp last summer, you can continue to use your old username and password. Simply sign in at the link below. The first time you visit the site you will be prompted to update your contact information and re-activate your account.

GET STARTED TODAY

To set up a new account and visit our Online Community:

1. Go to our website at **www.camplavida.bunk1.com**
2. Click the "Register Now" button
3. Enter your Pre-Approved Registration Code: **88510V**
4. Fill out all the required information
5. Purchase Bunk Note credits using a credit card - \$5 minimum
6. Send an email to your camper!

**For your camper's safety, please do not share the Pre-Approved Registration Code above.

FREQUENTLY ASKED QUESTIONS

How do I send a Bunk Note (one-way email) to my camper?

Follow the instructions above except, after registering, simply sign in and click on the Bunk Notes button. Enter your camper's name, select the correct cabin, type your message, and hit the "Send" button.

Why do I have to pay to send Bunk Notes (one-way email)?

Each morning, the Bunk Notes system bundles and sorts the messages for us to print out and distribute to campers. It also protects us from computer viruses and allows us to easily manage these emails. Your payment helps us cover the cost of the system, paper, ink, and labor and, more importantly, frees us to do what we do best - be

with your kids! Bunk Note credits cost \$1 each and are purchased in packs of various sizes.

Can other relatives use these services?

Certainly. Once you have set up your account, you will be able to invite other people to access these services.

What do I do if I lost my username and password?

You can get it online by going to www.Bunk1.com and clicking on the link "Lost Your Password?" (to the left of the page below the sign in button). You will receive an email with your username and password within a few minutes.

QUESTIONS OR PROBLEMS?

Please call Bunk1 at 1-800-216-9472 or go to www.bunk1.com/contact.asp

