

# 2008 Mother-Daughter Overnight

## Hi! Mother and Daughter,

We are so excited y'all are coming to Camp La Vida. Registration begins Friday at **4 PM**. Supper is from 6 - 6:45. Camp ends Saturday at **1 PM**. (includes lunch). Those who register between 4 - 5:30 PM. can enjoy hiking, swimming, canteen, and the camp store.

We know you will enjoy being involved in many learning experiences such as making a craft, learning new songs, listening to missionaries, and lots of other fun activities such as swimming, canoeing, hiking, canteen, and shopping in the store.

Money will be needed for the canteen and you may purchase items in the store such as: tee shirts \$7-10, stuffed animals \$4-8, clothes for animals, mugs, tote bags, pencils, jewelry, and more. Cash and checks only. An offering will be taken during worship for the Cooperative Program which goes to fund Southern Baptist missions causes.

Dress is casual. **Shoes with enclosed heels and toes must be worn at all times** (no Heelys). If hiking bring comfortable shoes.

Bring completed registration / health form to camp. If adults do not know their shot dates leave them blank.



A map to camp is on the back of this letter. Camp La Vida's number, in case of emergency, is 1-803-635-6608. We have a phone that you can use for collect or credit card calls. In order to have a quality camp experience with your daughter, we ask that cell phones be turned off or in the silent position. **We ask that you not use your phone unless it is an emergency.**



Luggage will be transported to cabins by camp staff Friday unless you choose to carry your own. After registration, campers will carry their sleeping bags and pillows to the cabin to make up their bunks. On Saturday luggage will be picked up from cabins at 9 AM. You may want to have a personal bag to carry items to be used Saturday morning, such as a change of clothes after swimming.

The objectives for the Mother/Daughter Overnight are to provide you with an opportunity to learn more about North American and International missions and to help your daughter become acquainted with Camp La Vida while you are able to help her adjust. During camps, girls are able to make new friends from different parts of our state. To facilitate this dynamic **two mothers and two daughters per church per cabin** will be assigned unless there are six or an odd number due to a mother bringing more than one child. Cabin mates have been assigned as indicated on the leader's confirmation. Make sure you are with the cabinmates of your choice. Cabins and most buildings are air-conditioned.

### Here's a checklist to help you get ready for camp.

- Bible     Flashlight     Pencil / scratch pad     Comfortable clothing     Sweater or jacket
- Comfortable shoes (enclosed toes and heels - no Heelys)     Raincoat or umbrella     Soap & toiletry articles
- Sunscreen     Bug Spray     Swimsuit (one piece or covers midriff)     Tote bag for pool     Water bottle
- Single sheets, blanket, pillowcase and pillow or sleeping bag     Towels & washcloths

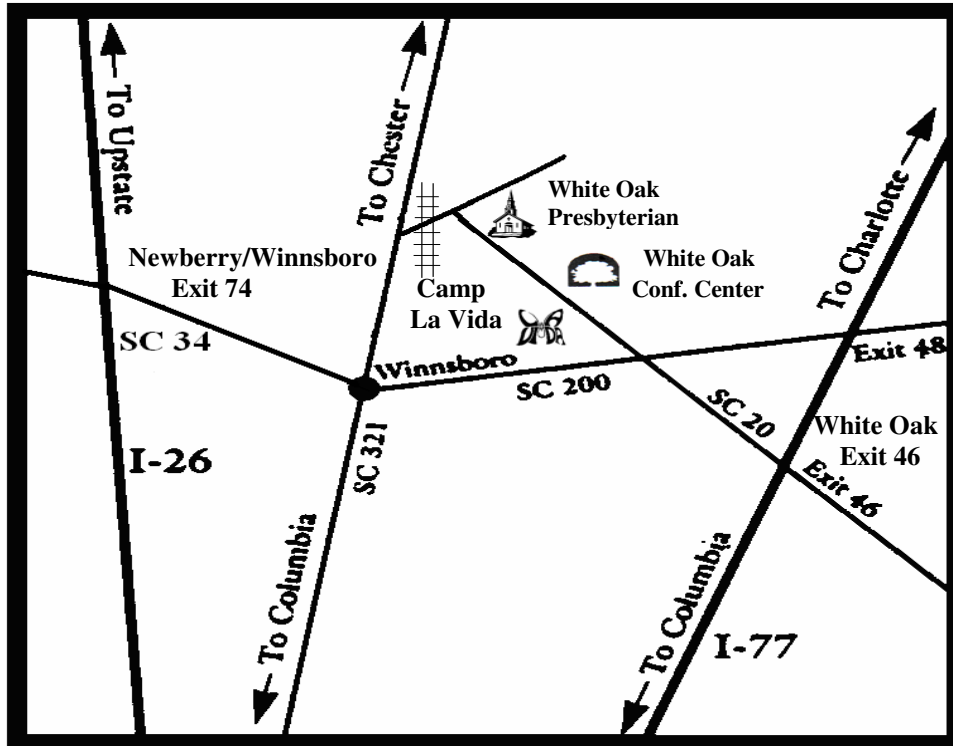
**Cancellations/Substitutions:** To help us in planning please notify Dale Carruth of all changes at (in SC) 1-800-723-7242 ext. 8503 or (outside SC or in the Columbia area) 1-803-765-0030. There are no refunds except for sickness with a doctor's slip. Substitutions are allowed up to and including the day your camp starts if all requirements are met.



# Camp La Vida

White Oak, South Carolina

Owned and operated by Woman's Missionary Union, Auxiliary to South Carolina Baptist Convention  
Camp La Vida, 218 LaVida Road, Winnsboro SC 29180-9605



The  marks Camp La Vida. The  marks White Oak Conference Center.

Camp La Vida's number 1-803-635-6608. WMU state office 1-800-723-7242 or 1-803-765-0030.

Camp La Vida is located in the White Oak Community about three miles off Hwy 321 or six miles off I-77 between Winnsboro and Chester off State Road 20 (Mobley Hwy) on LaVida Road and 1½ miles from White Oak Conference Center (WOCC).

**Spartanburg 2 hrs.** - I-26 toward Columbia take exit 74 Newberry/Winnsboro (SC Road 34) go east (left) toward Winnsboro approximately 35 miles to Highway 321 go north (left) toward Chester about eight 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 yellow sign and LaVida Road street sign.

**Greenville 2 hrs.** - From I-385 take I-26 toward Columbia and follow directions for Spartanburg.

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

**Charleston 2½ hrs** - From I-26 take I-77 toward Charlotte and follow directions for Columbia.

**Florence 2 hrs.** - From I-20 take I-77 toward Charlotte and follow directions for Columbia.

**From Chester ½ hr.** - Highway 321 go south toward Winnsboro about 18 miles. Look for small White Oak highway sign. Continue ½ mile, 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 yellow sign and LaVida Road street sign.



# 2008 Mother/Daughter Overnight

Cabin # \_\_\_\_\_

Assigned at camp

Camp Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Adult's Name \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Church \_\_\_\_\_ Association \_\_\_\_\_

## Complete and bring to Camp La Vida at time of registration

### Camp La Vida Health History

In compliance with American Camping Association

Which of the following have the participants had? Child first block  Adult second block

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

Please give last dates for immunizations, tetanus date required if you have had one: if not, put none. Child first \_\_\_\_\_ Adult second \_\_\_\_\_

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

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

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

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

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

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

Continued on other side

**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, running, hiking, canoeing, etc.

_____	_____
_____	_____
_____	_____

**Medication allergies** - list allergies or specify none:

_____	_____
_____	_____
_____	_____

Provide information about each participant's past and present behavior and physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations about which the camp should be aware.

### MEDICATIONS BEING TAKEN

Please list medications (including over-the-counter or non-prescription drugs) taken routinely.

Child Medication

Adult Medication

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Cell \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

### 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 or 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** \_\_\_\_\_

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** \_\_\_\_\_ **Date** \_\_\_\_\_