



Dear Families,

It is our great pleasure to announce Camp Lovin' Life, a summer camp for middle and high school students that will take place at the Unification Theological Seminary in Barrytown, New York. Under the direction of our National Pastor, Rev. In Jin Moon, we are preparing a three-week High School Camp and a two-week Middle School Camp that will help teenagers experience the joys of the Unification faith, inherit the vision of Lovin' Life Ministries, and grow closer to God and True Parents while having lots and lots of fun with their peers.

Camp Theme

The theme for Camp Lovin' Life this year is ***The Shoulders We Stand On***, which is about recognizing our spiritual heritage. It would begin with recognizing that *we stand on God's shoulders*. This would include recognizing first that God is our Heavenly Parent and understanding that we are God's divine and eternal children, and involve a discussion on the implications of that understanding.

It would also include recognizing that *we stand on Jesus' shoulders* - that Jesus brought us to a new age of spiritual enlightenment and his sacrifice on the cross (and victory through resurrection) gave all humanity the opportunity to gain spiritual salvation and the forgiveness of sins.

We would also have to recognize that *we stand on True Parents shoulders*. We would contrast the concepts of spiritual and physical salvation and recognize that while Jesus was victorious in giving us spiritual salvation, humanity still longed to be born into God's family and be relieved of sin. On this foundation, we would convey the need for the Messiah to return, the centrality of the Blessing in the Unificationist life of faith, and the role the True Parents.

We would also convey that *we stand on the first generation's shoulders* – that the first generation is the pioneering disciples that took the role of "Israel" when Christianity failed to unite with True Parents. In the future, the first generation will be honored as the people who helped TP build the Unification Church/Movement, stayed united with TP through thick and thin and thus helped save True Parents' life and move God's providence forward.

Additionally, we would recognize that *we stand on the True Children's shoulders*. We would convey that while there is only one True Parents of all humankind, the True Children are the direct descendents of the union between True Adam and True Eve, and thus are most qualified to lead God's providence when True Parents pass on to the spiritual world. In this we would convey the importance of the transition to the settlement era, and most definitely convey the importance of Honoring Our Tradition (H.O.T) while leading lives of both Internal and External Excellence.

Lastly, we would convey that *we stand on the shoulders of our older brothers and sisters (BC's)*. We would convey the importance of having an older Abel figure to guide and support you in your life of faith, especially an older brother or sister who is connected with In Jin nim and understands her vision with Lovin' Life Ministries.

Camp Facility

The facility in Barrytown affords us lots of room for all of the exciting activities that we are planning for this year's camp. In addition to the traditional camp favorites like roasting marshmallows over a campfire or running until your legs burn in a game of capture the flag, we are making efforts to ensure that our campers will also be able to go horseback riding, travel to amusement parks, and get a first hand understanding of the history and heritage of the UTS property. Camp Lovin' Life also provides teens with the unique opportunity to connect with In Jin nim and the True Family directly by attending



Lovin' Life Ministries in New York City on a weekly basis. As you may know, Lovin Life Ministries is constantly encouraging teenagers to discover a sense of pride in who they are as Unificationists.

Please find enclosed in this package the camp flyer, information on meningococcal disease, a copy of New York State's Immunization requirements, the Camper Registration form, and the Staff Application form. All the information you need to know is outlined below:

What You Need to Register Your Child

1. A complete Camper Registration Form (3 Pages)
2. A copy of your child's Immunization records, signed by your Child's Physician
3. Payment in full for each child your are registering, via check, cash, money order or credit card
4. The above three items should be sent in by June 15, 2011

Camp Dates

High School Camp: July 3 - July 24, 2011
Middle School Camp: July 24 - August 7, 2011
Young Adult Staff Training: June 29 - July 3, 2011

Camper Qualifications

Students who were enrolled as high school a freshman, sophomore, junior or senior in the 2010-2011 school year may register for High School Camp. Students who were enrolled in sixth, seventh, or eighth grade in the 2010-2011 school year may register for Middle School Camp. Students who were enrolled as high school seniors during the 2010-2011 school year may apply to be a Counselor-in-Training for the Middle School Camp only. Young Adults, aged 18 or older, who were enrolled as college freshmen and/or graduated high school in the Spring of 2010 may apply to be camp counselors for both/either Middle and High School Camp.

Camp Fees

High School Camp: \$700 per camper
Middle School Camp: \$450 per camper
Young Adult Staff: No Fee

We apologize, but there will be no early bird or multiple child discounts. We chose to charge the lowest fee possible for all campers. We are grateful to In Jin Nim as camper fees are being substantially subsidized by Lovin' Life Ministries.

Parents, please send all registration items (Camper Registration Form, Immunization Record signed by child's physician, and payment) to summercamps@lovinlifeministries.org. If you prefer to send items by mail, please send the forms and payment to:

Camp Lovin Life
c/o Ilhwa Compton
481 8th Ave. Room 618
New York, NY 10001

If you have any questions, please send an email to summercamps@lovinlifeministries.org. We look forward to a great camp this year and we are confident that your child will have a great experience.

Sincerely,

Camp Lovin' Life Staff

Camper Registration

Camper Information

First Name	<input type="text"/>	:	Mailing Address	<input type="text"/>
Last Name	<input type="text"/>	:	City	<input type="text"/>
Gender	<input type="text"/>	:	State	<input type="text"/> ZIP <input type="text"/>
Age	<input type="text"/> DOB <input type="text"/>	:	Email Address	<input type="text"/>
Grade This Year	<input type="text"/>	:	Home Phone	<input type="text"/>
Applying For	<input type="checkbox"/> ES <input type="checkbox"/> MS <input type="checkbox"/> HS	:	T-Shirt Size	<input type="text"/>

Parent Information

Mother's First Name	<input type="text"/>	:	Mailing Address	<input type="text"/>
Mother's Last Name	<input type="text"/>	:	City	<input type="text"/>
Father's First Name	<input type="text"/>	:	State	<input type="text"/> ZIP <input type="text"/>
Father's Last Name	<input type="text"/>	:	Family Email	<input type="text"/>
Mother's Cell	<input type="text"/>	:	Home Phone	<input type="text"/>
Father's Cell	<input type="text"/>	:	Work Phone	<input type="text"/>

Emergency Contact

Who should we contact if both parents can't be reached?

First Name	<input type="text"/>	:	Email Address	<input type="text"/>
Last Name	<input type="text"/>	:	Home Phone	<input type="text"/>
Relationship	<input type="text"/>	:	Cell Phone	<input type="text"/>

Payment Information

Please indicate with a check how you would like to pay the registration fee

HS Camp = \$700/Person MS Camp = \$450/Person

By Check	<input type="checkbox"/>	Make check or money order payable to HSA-UWC and mail to:	:	By Credit Card	<input type="checkbox"/>	Card Type	<input type="text"/>
By Money Order	<input type="checkbox"/>	HSA-UWC c/o Ilhwa Compton 481 8th Ave 6th Floor, Suite 618 New York, NY 10001	:	Name on Card	<input type="text"/>		
By Cash	<input type="checkbox"/>		:	Card Number	<input type="text"/>		
			:	Exp. Date	<input type="text"/>		
			:	Amt to Charge	<input type="text"/>		
			:	Authorize (Y/N)	<input type="text"/>		



Camper Registration (continued)

Medical Information

Please provide information related to your child's health.
This information is required by law.

Child's Name

Date of Birth

Allergies to
Food or Medication
or Environment

Ongoing Medication
Taken by child.
List Name, Dosage
& Frequency

Physical Limitations
(asthma, diabetes,
heart condition, etc.)

Special Needs
(autism, aspergers,
emotional health etc.)

I authorize Camp Lovin Life Staff to give my child Tylenol if he/she has a temperature of degrees or more.

Meningococcal Disease Vaccine Response

New York State Public Health Law requires that a parent or guardian of campers who attend an overnight children's camp for seven or more consecutive nights, complete and return the following form to the camp

Please check one of the boxes and sign below.

My child has had a meningococcal meningitis immunization within the past 10 years.

Date Received:

(Note: If your child received the meningococcal vaccine available before Feb. 2005 called Menomune, please note this vaccine's protection lasts approximately 3-5 years. Revaccination with the new vaccine called Menactra should be considered within 3-5 years after receiving Menomune.)

I have read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that my child will not obtain immunization against meningococcal meningitis disease.

Camper's Name

Camper's Date of Birth

Parent or Legal Guardian Name

Parent or Legal Guardian Signature (Type Again)

Date



Camper Registration (continued)

Doctor & Insurance Information

Doctor Name	<input type="text"/>	:	Insurance Co	<input type="text"/>
Doctor Phone	<input type="text"/>	:	Member #	<input type="text"/>
Doctor Address	<input type="text"/>	:	Insurance Phone	<input type="text"/>
City, State, Zip	<input type="text"/>	:		

Waiver and Release of Liability

As the parent / legal guardian of (print child's name), I hereby acknowledge and assume the risk of participation in any and all activities at Camp Lovin Life of the Holy Spirit Association for the Unification of World Christianity ("HSA") to be held June 29 - August 7, 2011 at 30 Seminary Road, Barrytown, NY 12507. I do hereby acknowledge that I will release HSA, its officers, directors, staff members, volunteers, advisors, property owners, or agents from all claims which may hereafter develop or accrue to them on account of injury, loss or damage, which may be suffered by said minor or to any property, because of any matter, thing, or condition, negligence or default whatsoever. I hereby assume and accept full risk and danger of any hurt, injury or damage which may occur through or by reason of any matter, thing or condition, negligence or default, or any person or persons whatsoever.

The person executing this release acknowledges that there is a valid consideration to executing this release. The invalidity of any statement or any waiver of rights above local, state, or federal law does not invalidate any other statement or waiver of rights above.

Parent or Legal Guardian Name

Parent or Legal Guardian Signature (Type Again)

Date

Completed Registration Checklist

Parents, please make sure you have fully and accurately completed all of the following

- All camper, parent, and emergency contact information is complete and accurate
- You have indicated your payment method. If paying by cash, check or money order, you are preparing to send payment by mail to HSA-UWC at the provided address. If paying by credit card, you have completed all the information in the credit card section.
- You have completed all the relevant medical information and history that the camp will need to know in order to appropriately accommodate your child, including allergies, ongoing medication, physical limitations, and especially any special needs your child may have such as autism and/or mental and emotional health problems.
- You have read the letter to parents regarding Meningococcal Disease and the Meningococcal Disease Fact Sheet and have checked one of the boxes on the Camper Registration Form indicating your child's status with the Meningococcal disease vaccination. This portion of the form is complete with a Parent/Guardian signature.
- You have provided your child's doctor and insurance information.
- You have read, filled out, signed and dated the Waiver and Release of Liability
- You have obtained a current copy of your child's immunization records and will include it with your child's registration by sending to summercamps@lovinlifeministries.org, or by mailing to HSA-UWC



Staff Application

Personal Information

First Name	<input type="text"/>	:	Email Address	<input type="text"/>	
Last Name	<input type="text"/>	:	Home Phone	<input type="text"/>	
Age	<input type="text"/>	DOB	<input type="text"/>	Cell Phone	<input type="text"/>
Grade This Year	<input type="text"/>	:	Gender	<input type="text"/>	
Mailing Address	<input type="text"/>	:	T-Shirt Size	<input type="text"/>	
City	<input type="text"/>	:	Applying For	<input type="checkbox"/> MS <input type="checkbox"/> HS <input type="checkbox"/> Both	
State	<input type="text"/>	ZIP	<input type="text"/>	Pref Age Group	<input type="text"/>

Emergency Contact

First Name	<input type="text"/>	:	Email Address	<input type="text"/>
Last Name	<input type="text"/>	:	Insurance Co.	<input type="text"/>
Relationship	<input type="text"/>	:	Doctor Name	<input type="text"/>
Phone Number	<input type="text"/>	:	Doctor Phone	<input type="text"/>
Physical Limitations (if any)	<input type="text"/>			

Inspiration

Please tell us a little bit about why you want to be a staff member at Camp Lovin Life.

What inspires you to be a part of Camp Lovin Life this summer?

Describe the 3 most meaningful experiences you have had at camp either as a participant or staff member.



Staff Application (continued)

Inspiration Continued. Please tell us a little bit about why you want to be a staff member at Camp Lovin Life.

What do you feel you can contribute to Camp Lovin' Life?

What have you learned through Lovin' Life Ministries that needs to be shared at camp?

Please describe your camp staff experience.

Is there anything else you would like to share?

Personal References Please list two non-family references who have known you for at least one year.

First Name	<input type="text"/>	:	First Name	<input type="text"/>
Last Name	<input type="text"/>	:	Last Name	<input type="text"/>
City / State	<input type="text"/>	:	City / State	<input type="text"/>
Phone	<input type="text"/>	:	Phone	<input type="text"/>
Email	<input type="text"/>	:	Email	<input type="text"/>
Relationship	<input type="text"/>	:	Relationship	<input type="text"/>



Staff Application (continued)

Church References

Please provide the name of the church you currently attend; also, your pastor's name and PHONE number. If not currently attending a church please indicate "None."

Church

:

Pastor's Name

:

Phone Number

Background Check Information

I certify that the information in this Application is true, correct and complete to the best of my knowledge. I authorize HSA-UWC to verify any and all information I provided by contacting appropriate sources. I understand that for the protection of children, volunteers and staff, all adults (age 18 and up) must voluntarily authorize a background check and I hereby authorize such background check.

:

Do you know of any reason(s) that you might not be able to obtain a clear background check?

Waiver and Release of Liability

In consideration of being allowed to volunteer my services for Lovin' Life Ministries and HSA-UWC, I hereby acknowledge that there are certain risks of injury involved, and I knowingly and freely assume all such risks and assume full responsibility for my participation. To the extent allowed by law, I agree to indemnify and hold harmless HSA-UWC, its officers, employees, agents, representatives and volunteers, of all liabilities and all loss or damage to person or property which may occur or be incident to my involvement or participation.

Volunteer Confidentiality Agreement

I recognize that as a volunteer of Lovin Life Ministries and HSA-UWC, a non-profit corporation, I may have access to confidential information concerning HSA-UWC, its guests, agents, employees, volunteers or representatives. In consideration of any volunteer status with HSA-UWC, I agree I will not at any time, during or after volunteering for HSA-UWC, divulge or reveal to any person, firm, or corporation, any information (including, but not limited to, personal or financial information), directly or indirectly, which might in any way be used to injure or interfere with the business or ministry of HSA-UWC, or to alienate guests, customers, agents, employees, volunteers or representatives from HSA-UWC or to cause discontent or dissatisfaction among any such persons.

I agree that should I have any questions as to the propriety of release of any information, I will request clearance from HSA-UWC prior to releasing such information.

By printing my name below, I understand that I am indicating my agreement with the terms of all three preceding sections.

Signature

Date





LOVIN' LIFE MINISTRIES
481 8TH AVENUE, SUITE 624
NEW YORK, NY 10001
212-997-0050 X436

May 11, 2011

Re: Meningococcal Disease

Dear Parents,

I encourage you to carefully read this letter about meningococcal disease. After reading, please complete the **Meningococcal Disease Vaccine Response** portion of the Camper Registration Form and return it with your child's registration to summercamps@lovinlifeministries.org.

I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningococcal meningitis, and a relatively new law in New York state. On July 22, 2003, Governor Pataki signed New York State Public Health Law 2167 requiring overnight children's camps to distribute information about meningococcal disease and vaccination to all campers who attend camp for seven or more consecutive nights. This law became effective on August 15, 2003.

Camp Lovin' Life is required to maintain a record of the following for each student:

- A "response to" receipt of meningococcal disease and vaccine information signed by the camper's parent or guardian; AND
- Information on the availability and cost of the new meningococcal meningitis vaccine (MenactraTM); AND EITHER
- A record of meningococcal meningitis immunization within the past 10 years; OR
- An acknowledgment of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the camper's parent or guardian

Meningococcal meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningococcal meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningococcal disease among teens and young adults 15 to 24 years old have more than doubled since 1991. The disease strikes about 2,500 Americans each year and claims about 300 lives.

In February 2005, the CDC recommended a new vaccine, known as MenactraTM, for use to prevent meningococcal disease. The previous version of this vaccine, MenomuneTM, was first available in the United States in 1985. Both vaccines are 85-100% effective in preventing the 4 kinds of the meningococcus germ (types A, C, Y, W-135). These 4 types cause about 70% of the disease in the United States. Because the vaccine does not include type B, which accounts for about 1/3 of cases in adolescents, it does not prevent all cases of meningococcal disease.

Information about the availability and cost of the vaccine can be obtained from your health care provider and by visiting the manufacturer's website at www.meningitisvaccine.com. To learn more about the vaccine, please consult your child's physician. You can also find information about the disease at the NY State Department of Health website: www.health.state.ny.us and the website of the Center for Disease Control and Prevention (CDC): www.cdc.gov/ncidod/dbmd/diseaseinfo. Camp Lovin' Life does not offer meningococcal immunization services.

Sincerely,

David Hunter
Director
Camp Lovin' Life

Meningococcal Disease

What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord) caused by the meningococcus germ.

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some adolescents, such as first year college students living in dormitories, there is an increased risk of meningococcal disease. Every year in the United States approximately 2,500 people are infected and 300 die from the disease. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningococcal meningitis is prevalent.

How is the meningococcus germ spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person.

What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10-15% die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur. The symptoms may appear 2 to 10 days after exposure, but usually within 5 days.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?

Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (either rifampin, ciprofloxacin or ceftriaxone) from their physician. Casual contact as might occur in a regular classroom, office or factory setting is not usually significant enough to cause concern.

Is there a vaccine to prevent meningococcal meningitis?

In February 2005, the CDC recommended a new vaccine, known as Menactra™, for use to prevent meningococcal disease. The previous version of this vaccine, Menomune™, was first available in the United States in 1985. Both vaccines are 85% to 100% effective in preventing the 4 kinds of the meningococcus germ (types A, C, Y, W-135). These 4 types cause about 70% of the disease in the United States. Because the vaccine does not include type B, which accounts for about one-third of cases in adolescents, it does not prevent all cases of meningococcal disease.

Is the vaccine safe? Are there adverse side effects to the vaccine?

Both vaccines are currently available and both are safe and effective vaccines. However, both vaccines may cause mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

Who should get the meningococcal vaccine?

The vaccine is recommended for all adolescents entering middle school (11-12 years old) and high school (15 years old) and all first year college students living in dormitories. Also at increased risk are people with terminal complement deficiencies or asplenia, some laboratory workers and travelers to endemic areas of the world. However, the vaccine will benefit all teenagers and young adults in the United States.

What is the duration of protection from the vaccine?

Menomune™, the older version, requires booster doses every 3 to 5 years. Although research is still pending, the new vaccine, Menactra™, will probably not require booster doses. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.

How do I get more information about meningococcal disease and vaccination?

Contact your family physician or your student health service. Additional information is also available on the websites of the New York State Department of Health, www.health.state.ny.us; the Centers for Disease Control and Prevention www.cdc.gov/ncid/dbmd/diseaseinfo; and the American College Health Association, www.acha.org.

New York State Immunization Requirements for School Entrance/Attendance¹

Vaccines	Pre-Kindergarten (Day Care, Nursery, Headstart, or Pre-K) ²	School (K-12)
Diphtheria Toxoid Containing Vaccine	3 doses (New York City Schools – 4 doses) ³	3 doses (New York City Schools – 4 doses – required for Kindergarten only)
Tetanus Toxoid Containing Vaccine and Pertussis Vaccine (DTaP, DTP) ⁴	3 doses if born on or after 1/1/2005	Not applicable until student born on or after 1/1/2005 enrolls in school
Polio (IPV or OPV)	3 doses of polio vaccine ³	3 doses of polio vaccine
Measles, Mumps and Rubella (MMR) ⁵	1 dose of measles, mumps and rubella	2 doses of measles containing vaccine and 1 dose each of mumps and rubella (preferably as MMR)
Hepatitis B	3 doses ⁶	3 doses of hepatitis B vaccine Grades K-12 (as of the 2005-06 school year) ⁶
Haemophilus influenzae type b (Hib)	3 doses if less than 15 months of age or 1 dose administered on or after 15 months of age	Not applicable
Varicella (Chickenpox) ⁷	Born on or after 1/1/2000 1 dose	Born on or after 1/1/98 or born on or after 1/1/94 and enrolling in 6 th grade ⁷ 1 dose

¹ Demonstrated serologic evidence of either measles, mumps, rubella, hepatitis B or varicella antibodies is acceptable proof of immunity to these diseases. Diagnosis by a physician that a child/student has had measles, mumps, or varicella diseases is acceptable proof of immunity to those diseases.

² Children in a Pre-Kindergarten setting should be age appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP).

³ Please note at this time that New York State requires 3 doses of diphtheria (New York City requires 4 doses for pre-kindergarten and kindergarten only) and three doses of polio vaccine for entry into kindergarten and for any student entering a school in New York State for the first time. However, ACIP recommends 4 doses of diphtheria by age 18 months and 5 doses by age 4-6 years of age. Children 4-6 years of age should receive 4 doses of polio vaccine unless the 3rd dose is given after 4 years of age.

⁴ DTaP is the currently recommended vaccine for diphtheria, tetanus and pertussis.

⁵ The New York State Department of Health Immunization Program concurs with the ACIP which recommends that vaccine doses administered up to 4 days before the minimum interval or age for measles, mumps, rubella and varicella be counted as valid.

⁶ Hepatitis B – For students in grades 7-12, 3 doses of Recombivax HB or Engerix-B is required, except for those students who receive 2 doses of adult hepatitis B vaccine (Recombivax) which is recommended for children 11-15 years old.

⁷ Students enrolling in the 6th grade includes students who are entering, repeating or transferring into the 6th grade and students who are enrolling in gradeless classes and are the age equivalent of 6th grade. Two (2) doses of varicella vaccine is recommended for students who receive the first dose on or after their 13th birthday.

For further information contact:

New York State Department of Health, Bureau of Communicable Disease Control – Immunization Program, ESP, Corning Tower, Rm 649, Albany, NY 12237 (518) 473-4437.

New York City Department of Health and Mental Hygiene, Bureau of Immunization, Program Support Unit, 2 Lafayette St., Box 21, 18th Floor/Mailroom, New York, NY 10007 (212) 676-2301.