TVR SUMMER CAMP 2024

Hello! We are so excited that you have chosen to send your child to summer camp at TVR! We want to do our best to provide you with all the materials you need before you arrive. If you have any other questions after reading through this material, please do not hesitate to give us a call at 828.765.7860 or email Brianna at brianna@tvr.org. As well, you may find helpful info on our website, tvr.org

GENERAL INFORMATION

Physical Address: 216 TVR Loop Rd. Plumtree, NC 28664

(If using a GPS, type in Pancake Rd, Plumtree, NC 28664 to receive a more direct route, or call our office)

Mailing Address: TVR, PO Box 10, Plumtree, NC 28664
Office Phone Number: 828.765.7860 ex. 103 (Registration)

Office Email: info@tvr.org

CAMP PHOTOS & VIDEOS

<u>http://tvr.org/media/summer-camp-photos</u> Password: tvr1968
*Videos will be uploaded to our YouTube channel at the end of the summer

MEDICATIONS

All medications (prescription & OTC) must be checked-in with the camp nurse upon arrival (including leaders staying onsite). Please complete the medication form provided in this packet to accompany any medications. Your youth leader will collect these medications and forms before you depart for TVR so they can be checked-in together with our camp nurse upon arrival.

VISITORS

All visitors to TVR during the week are required to check-in at our office (upstairs in the Chalet). We ask that you please call our office prior to arrival, **notify your group's leader**, and wear the provided guest lanyard so that you can be identified by our staff.













CAMPER COMMUNICATION

For any form of communication, you will need to know what age group your child is in: Rising Grades 3-5: **Pioneers** // Rising Grades 6-8: **Rangers** // Rising Grades 9-12: **Mountaineers**

PHONE CALLS

You are welcome to call your child at camp throughout the week (828.765.7860). As well, they are always allowed to use our office phones for calls home. Please expect a delay when you call, as we typically have to page your child to the office from wherever they may be on campus at the time. Most often, the best time to reach your child is when campers gather together during meal times. Please refer to the sample schedule provided in this packet.

MAIL & PACKAGES

You are welcome to send letters and packages to your camper. Please plan ahead to ensure the arrival of your mail before your camper departs!

Camper mail & packages are handed out during Wednesday and Friday morning sessions during mail time.

Address packages as follows:

TVR Christian Camp Camper Name & Age Group (ex. Jane Smith, Mountaineers) PO Box 10 Plumtree, NC 28664



F-MAILS

Emails are handed out during Wednesday and Friday morning sessions only. Please send emails by Thursday night as any received after that time will not be able to be delivered. Also, please limit emails to family members only.

Important Instructions for Sending Emails:

- 1. Indicate camper name and age group in the subject line. (Example: Jane Smith, Mountaineers)
- 2. Send email to appropriate email address for your child. We have three emails for our separate age groups:

Pioneers: pioneer@tvr.org // Rangers: ranger@tvr.org // Mountaineers: mountaineer@tvr.org

Note: If an email does not have the appropriate notations, we cannot guarantee it will be able to be delivered

WHAT TO BRING TO TVR



WHAT WE SUGGEST BRINGING:

- Bible, pen, and notebook
- Small bag or backpack (for sessions, hiking, or off-site trips HS only)
- Water Bottle
- Sleeping bag or sheets/blanket & pillow (All beds are twin-sized)
- A towel for water activities and one for the cabin
- Toiletries
- Jacket or sweatshirt for cooler mornings and evenings
- T-shirts and appropriate-length shorts for camp activities (running, climbing, etc). Feel free to reach out to our office if you have any questions.
- Extra clothes that can get dirty (more than you think!)
- Raincoat/Poncho
- Hat and sunscreen
- Camera to capture camp memories (see note regarding cell phones below)
- Clothes for Slop-A-Roo (shaving cream fight)
- Clothes for optional theme days (ex. Hawaiian shirts, neon for glow in the dark activities, western clothes for rodeo, etc)
- Swim trunks or swimsuit to wear under clothes for water activities (river tubing & ziplining into the pond)
- Long pants and closed-toed shoes (Required for horseback riding)
 - o Crocs, sandals, and shorts are not suitable for riding.
- Shoes that are appropriate for water activities and hiking (secure/closed-toed shoes)
- Snack Shack Cash
- Prescription Medications: All medications (including prescription & OTC) must be checked-in on Monday and will be distributed as instructed throughout the week by the camp nurse. Please be sure to pack your child's epi-pen and/or inhaler if applicable and contact the office regarding allergies.

WHAT NOT TO BRING:

- Tobacco, alcohol, vapes
- Cell Phones**
- Laptop, iPod, headphones
- Weapons
- Pets
- Sleeveless shirts, tank tops
- Shorts which are not an appropriate length/fit for camp activities. Feel free to reach out to our office if you have questions!
- Tight-fitting or revealing clothing, including leggings, yoga pants, biker shorts.
- We strongly discourage flip flops due to difficult terrain.
- As-needed OTC medications (ex. Ibuprofen, tums, etc). These medications are provided by TVR and given to campers by the camp nurse (as permitted by parents on the registration form). Feel free to pack medicines which are taken daily (allergy, etc.).



**Summer Camp is designed to leave a lot of these things behind for a little while in order to be a part of an atmosphere that is "free from all distractions." In this spirit, we strongly discourage allowing your child to have a cell phone at camp, and we do have office phones that are always available for use. Likewise, we encourage sending cameras for photos so that a cell phone does not have to be used.

TVR is not responsible for lost or stolen items

MEDICATION FORM

Please attach this form to medications and bring to camper drop-off.

While your child is here for summer camp, we want to make sure that you are able to rest at ease in knowing that your camper is well taken care of. Each week of summer camp we have a camp nurse who administers all camper meds and assesses all injuries. In our medical closet we carry a wide variety of over-the-counter medications such as allergy meds, pain relievers, ointments, and stomach meds. Please do not send these items to camp with your child, as well as non-essential (for the week) vitamins and supplements.

We ask that you fill out the form below and place it in a Ziploc bag ready to turn in to your youth leader at drop off the morning of camp. Please do not send this form in before check-in. ALL medicine must be filed and turned in to our staff on the Monday of camp. For those with inhalers, we will discuss the best options for your child with you and our staff.

If you have further questions concerning medications, please feel free to contact Shelia at 828.765.7860, or email her at soakley@tvr.org.

Camper Name:		
	Age Group: Circle One	e
Pioneer (3 rd -5 th grade)	Ranger (6 th -8 th grade)	Mountaineer (9 th -12 th grade)
accurately label medication if not in ori frequency of administration. If at all po if the medication allows for flexibility in volume of campers and medications dis process to administer as many medicat	ginal packaging, so that the label identifies essible, it is much more feasible on our end administration time (allergy meds, over-t spensed, along with the campers' schedule	the entire stay at camp. Please clearly and is the name of the medication, the dosage, and the doto administer bedtime medications at dinnertime, the-counter drugs, etc.). This request is due to the later in the evening. It makes for a smoother eation.
Med #1	Dosage	Time (circle): АМ РМ ВЕДТІМЕ
Med #2	Dosage	Time (circle): АМ РМ ВЕДТІМЕ
Med #3	Dosage	Time (circle): AM PM BEDTIME
Med #4	Dosage	Time (circle): АМ РМ ВЕДТІМЕ
Additional Notes/Instructions:		
*For Office Use Only** Counselor Name:	Rooming Assignment: _	

Sample Schedule: Rangers & Mountaineers (6th-12th)

Monday:

10:00 - 2:00 - Registration... Welcome to TVR!

12:00 - 1:00 Lunch

1:00 - 4:00 - Free time, all activities open

- BB & Archery Ranges
- Horseback Riding
- Climbing & Rappelling Tower
- Snack Shack & Walt Bobs
- Putt Putt & Disc Golf
- Ballfield/Gym Games, and more!

4:00 - Meet on the ballfield to divide into teams!

5:00 - Team meetings (memorize Scripture, the

theme verse, etc).

6:00 - Dinner

7:45 - Evening Session (Games, Worship, &

Teaching)

10:30 - Huddle Time (Small group time w/ cabin)

Tuesday:

8:15 - Breakfast

9:15 - Cabin clean up time

9:45 - Morning devotionals

10:15 - Huddle time

11:00 - Morning Session

12:00 - Lunch

1:00 - 5:00 - Free time

5:00 - Team meetings

6:00 - Dinner

8:00 - Session

9:30 - Huddle Time

10:30 - Viva la Glowche (Glow-in-the-dark activities)

Wednesday:

8:15 - Breakfast

9:15 - Cabin clean up time

9:45 - Morning devotionals

10:15 - Huddle time

11:00 - Morning Session

12:00 - Lunch

1:00 - Mountaineer offsite activity

1:00 - Ranger camp wide activity

3:00 - 5:00 - Free time

5:00 - Team meetings

6:00 - Dinner

8:00 - Session

9:30 - Huddle Time

10:30 - Movie Night

Thursday:

8:15 - Breakfast

9:15 - Cabin clean up time

9:45 – Morning devotionals

10:15 - Huddle time

11:00 - Morning Session

12:00 - Lunch

1:00 - 3:30 - Free time

3:30 – Slop-A-Roo (Shaving Cream Fight!)

5:00 - Clean up

6:00 - Dinner

8:00 - Evening Session

9:30 - Huddle Time

10:00 - TVR Game Show

Friday:

8:15 - Breakfast

9:15 - Cabin clean up time

9:45 - Morning devotionals

10:15 - Huddle time

11:00 - Morning Session

12:00 - Lunch

1:00 - 5:00 - Free Time

5:00 - Team Meetings

6:00 - Dinner/Carnival

7:15 - Rodeo

8:30 - Announce team winners

9:00 – Team Party

9:30 - Campfire service and testimony time

Saturday:

8:00 - Breakfast

8:00 - 10:00 - Checkout

Sample Schedule: Pioneers (3rd-5th)

MONDAY

10:00am: Check-In 12:00-1:00: Lunch 1:00-2:00: Free time 2:00: Team sorting 3:30: Team Time

4:15: Game & Scavenger Hunt

5:30: Dinner 6:30: Session 7:20: Huddle Time 7:50: Group Activity 8:20: Viva La Glowche 9:30: Glow in the dark dodge ball 10:30: Lights Out

TUESDAY

7:45: Breakfast

8:25: Cabin clean-up/get ready

8:55: Devotional Time 9:25: Morning Session 10:00: Huddle Time 10:30: Horseback Riding

11:30: Lunch 12:15: Hike 1:00: Free time 2:00: BB & Archery 3:00: Team Game 3:30: Team time 4:00: FOBOB 5:30: Dinner

6:15: Game/Activity 7:00: Session 7:45: Huddle Time 8:15: Field Game 9:15: Talent Show

10:00: Bed Time

WEDNESDAY

7:45: Breakfast 8:20: Cabin clean-up 8:45: Devotional Time 9:15: Morning Session 9:45: Huddle Time

10:15: Kiddy Pool Kickball

11:30: Lunch

12:00: SLOP-A- ROO 1:00: Card Boat Race 1:30: Clean-Up 2:00: Free Time 3:00 Activity/Game 3:30: Team Time 4:00: FOBOB

5:30: Dinner 6:15: Horse Barn 7:15: Session

8:00: Huddle Time 8:30: Hayride/Bonfire

9:45: Bedtime 10:30: Lights Out

THURSDAY

7:45: Breakfast 8:20: Cabin clean-up 8:45: Devotional Time 9:05: Morning Session 9:55: Huddle Time 10:15: Tubing - Girls 11:30: Lunch 12:00: Tubing - Boys

1:30: Free Time 2:30: Gym Games 3:30: Team Time 4:00: FOBOB

5:30: Dinner 6:15: Session 7:10: Huddle Time 7:40: Snack Shack 8:10: Movie Night 10:00: Bedtime

FRIDAY

7:45: Breakfast 8:25: Cabin Clean-up 8:55: Devotional Time 9:25: Morning Session 10:00: Huddle Time 10:30: Pio Rodeo! 11:30: Lunch

12:15: Group games in gym

1:15: Group Activity 2:00: Free time

3:00: PIO RODEO GAMES

4:00: Team time 4:30: FOBOB

6:00: Carnival/Dinner 7:00: All camp rodeo

7:30: Announce Winning Team

8:00: Ice cream party! 8:30: Bonfire Session 9:05: Final Huddle Time 9:30: Snack shack attack

10:10: bedtime

Optional Supplemental Insurance Form

(You do not need to complete this form if you do not need supplemental insurance)

Completed forms should be submitted to your Youth Leader with \$6

Sports / Recreation ACCIDENT INSURANCE

Standard Life and Casualty Insurance Company • P.O. Box 510690 • Salt Lake City, UT 84151-0690 Fax: 801-538-0392 • Toll Free: 800-327-0695

VOLUNTARY \$250,000 COVERAGE

-) PRIMARY COVERAGE Pays regardless of other insurance, directly to you, your doctor, or hospital.
- NO DEDUCTIBLE Pays from first visit.
- ALL ACTIVITIES Sponsored and supervised by the recreation organization except 10-12th grade football.

e policy covers participants enrolled for activities conducted by the policyholder for bodily injury caused by cidents while:

Attending or participating in any regularly scheduled or authorized group activity of the policyholder which is nducted under the supervision of a leader;

Traveling with other members of the policyholder as a group under the supervision of a leader.

ACCIDENT MEDICAL EXPENSES BENEFIT \$250,000 - NO DEDUCTIBLE

ys expenses incurred within 24 months after the date of accident for doctors, dentists, surgeons, hospitals, ibulance or registered nurse for treatment (commencing within 30 days) of any covered injury, with the following itations:

Doctor's Calls - \$25.00 first visit and \$15.00 per daily visit thereafter for non-surgical treatment.

Surgeon's fees according to schedule - \$1,100 maximum.

Anesthesiologist - 25% of the surgical allowance.

Out-patient X-ray, including radiologist - \$25.00 per X-ray - \$125.00 maximum.

Hospital room and board limited to \$115.00 daily maximum.

Hospital miscellaneous - \$200.00 first day confined, \$100.00 second and \$50.00 daily thereafter.

Emergency Room - \$115.00 maximum.

The maximum limit for dental expenses as result of injury to natural teeth is \$200.00.

Ambulance - \$75.00 each trip - \$150.00 maximum.

DW THE PLAN WORKS — A policy is issued to the Recreation ganization. You will be either insured from the effective date of the icy or from the date on which premium is paid, whichever is later. cause of the small charge for this protection, there is no reduction in at for late enrollment. Your insurance will expire at the end of the creation Organization's policy term.

Send All Claims To:



Standard Life and Casualty PO Box 510690 Salt Lake City, UT 84151-0690

PARTIAL DESCRIPTION ONLY - RECREATION ORGANIZATION HAS POLICY.

NE PREMIUM per person insures that person for ALL sports and ALL other activities in which he / she participates throughout the policy period.

lease Complete Enrollment Form & eturn To The Recreation Office With	ENROLLMENT FORM		
orrect Premium	I do want		insured
		(name)	
Through Age 18	I do not want		insured
\$6.00		(name)	
The second secon	X		Date
Per Person	(Signature of insured, parent or guardian) Please make check payable to your recreation organization.		