

# DEAR ADVENTURE CAMP PARTICIPANTS AND PARENTS,

We're excited to have you come to La Vida Adventure Camp! I commend you for your desire for personal growth and adventure. It will be a great way to spend a part of your summer, and I'm confident this will be a wonderful experience for you. As a part of Gordon College, we have many great resources to help make this experience exciting and challenging.

Since La Vida's beginning in 1970, many campers of all ages have said La Vida was a life-changing experience and one they'd never forget. We hope this week will be just that for you as a camper. Our program focuses on using fun adventure activities to build character, foster a positive self-identity, and develop a commitment to serve and care for others.

You'll be placed in a group of approximately 12 kids your age, along with two Adventure Camp staff members and often a counselor in training as well. If you request to be in the same group with a specific person, we will do our best to honor that request as long as you are close to the same age. Most campers come to camp not knowing anyone beforehand and love their time at camp. See below for more information about camper requests.

Below you'll find a confirmation form followed by medical forms that need to be completed for each camper. The Medical Form has sections for immunization records, a physical, and medical history. Please complete these and return them to us as soon as possible so we can review the information.

Additional information and answers to many commonly asked questions can be found at [lavidacenter.org/adventurecamp](http://lavidacenter.org/adventurecamp). Thank you for choosing La Vida Adventure Camp. I hope you have a great spring, and we look forward to seeing you this summer!



Sam Craig  
Director of Adventure Camp

---

## CONFIRMATION FORM

### Session(s) Attending

We are confirming that you will be attending the session(s) listed in the body of the email sent with these forms. If you would like to change to a different session or add an additional one, please call the La Vida office at 978.867.4504 to check which sessions have space available.

### Balance Information

We have received a nonrefundable deposit from you. Your remaining balance will be expected in full two weeks prior to the first day of camp. Paying your balance beforehand will speed up the registration process significantly.

### Forms to Mail to La Vida

#### Due two weeks prior to camp attendance

- Confirmation Form/Release and Assumption of Risk/ Photo Release (see reverse side)
- Medical Form which includes:
  - Medical History and Emergency Form
  - Current immunization records
  - Physical (dated within the 18 months prior to the camp session(s) and signed by a licensed health care provider)
- Medication Authorization Form (if needed)

### Camper Requests

If you would like to be in the same group as another camper, please write their name below. We will do our best to accommodate requests, but we can't make any guarantees.

Camper request \_\_\_\_\_



**LA VIDA**  
AT GORDON COLLEGE

255 Grapevine Road, Wenham MA 01984-1899  
T 978 867 4504 F 978 867 4110  
[lavidacenter.org/adventurecamp](http://lavidacenter.org/adventurecamp)

# CAMP INFORMATION

## Current Physical and Immunization Records

- All campers must submit a copy of their most recent immunization records, an up-to-date health history, and a recent physical.
- Each camper must have had a physical within 18 months prior to the start of camp.
- The physical form needs to be signed and dated by a licensed health care provider.
- Immunization records MUST be current (meaning the immunizations meet the Massachusetts immunization schedule), completed, signed and dated by a licensed health care provider, or they will not be valid.
- Please sign and complete our health history form (found on page 3). Please list all allergies, required medications and any health conditions or impairments which may affect the individual's activities while attending the camp.
- You may provide a photocopy/fax of the participant's immunization records as long as they are **up to date** and must be signed and dated by a licensed health care provider. Or you may transcribe the immunization records onto our form (found on page 4) and have a licensed health care provider sign and date our form in the space provided.
- Camp forms are required in order to attend and participate at camp.
- These forms will be reviewed by the La Vida Adventure Camp health care consultant as mandated by Massachusetts regulations.

## Medicine at Camp

If you have a child who will need to have medicine dispensed, will bring an EpiPen, or will carry asthma medication, please complete the Medication Authorization Form to ensure your child can receive medication from our camp health supervisor or can self-administer their medication. The La Vida Adventure Camp health care consultant will review and sign this form at camp.

## Important Times to Remember

8:45 A.M.	Monday	Registration
9 A.M.	Monday-Friday	Drop-off for Adventure Camp
4 P.M.	Monday-Thursday	Pickup for Adventure Camp
3.30 P.M.	Friday	Camp Celebration: Families are invited to attend
4 P.M.	Friday	Pickup after Celebration

**Please note:** Campers in the Explorers programs will participate in one or more overnight cookouts (Tuesday and Wednesday for Treks, Thursday for on- and off-campus). Dinner will be provided on the overnights as well as breakfast and lunch following the overnights. More information is available at [lavidacenter.org/adventurecamp/explorers](http://lavidacenter.org/adventurecamp/explorers).

## Camp Celebration

All parents and families of Adventure Campers are invited to attend our Camp Celebration on Friday at 3.30 - 4 P.M.



# RELEASE AND ASSUMPTION OF RISK

Since La Vida's beginning in 1970, we have had an excellent safety record. All activities are designed with safety in mind, and standard procedures are strictly enforced by trained staff. The La Vida policy "Challenge by Choice" means that each participant determines the level and extent of their participation. The staff will encourage participants to try each activity but will not use or allow peer pressure to force any participant to do anything they would prefer not to do. Camp activities may have more risk or danger than everyday life. As a result, this Release and Assumption of Risk has been drawn up and must be signed by each participant or the parents of minors.

I am aware that during La Vida certain risks and dangers may occur which are out of the control of the staff. I further realize that I will be participating in activities (including running games, canoeing, kayaking, rowing, low and high ropes elements, mountain biking, indoor and outdoor rock climbing and rappelling, backpacking, and overnight camping) in which the risk of an accident may be greater than in my normal way of life.

In consideration of the right to participate in such La Vida activities, I have and do hereby assume all the above risks, and will hold Gordon College and the La Vida staff harmless from all liability, actions, causes of actions, debts, claims and demands of every kind and nature which might arise in conjunction with my participation in La Vida. I also acknowledge that the staff have the right to terminate my participation in La Vida because of risk to myself or others. I agree that the decision of the staff shall be binding upon me.

## Photo Release

I give La Vida and Gordon College permission to use for promotional materials and for the website any and all photos or videos taken of me or my child during any and all La Vida activities. I waive my right to inspect or approve the finished product, and know that I will not receive any compensation for any products used by La Vida.

- I give La Vida permission to use photos/videos of me or my child.
- I do NOT give La Vida permission to use photos/videos of me or my child. (This will prevent shots of your child from being included in the end-of-week Celebration slideshow and video.)



Signature of parent/guardian \_\_\_\_\_

Name of camper \_\_\_\_\_

Date \_\_\_\_\_

# LA VIDA ADVENTURE CAMP **MEDICAL HISTORY AND EMERGENCY FORM**

This form must be completed by a parent/legal guardian and returned prior to attending camp. This medical and emergency information form is for your protection and for our files. Please answer the following questions in detail and sign.

Camper name \_\_\_\_\_ Sex:  Female  Male  
Last First Middle initial  
 Home address \_\_\_\_\_  
Street City State Zip  
 Home phone \_\_\_\_\_ Birth date (mo/day/yr) \_\_\_\_\_ Age \_\_\_\_\_

## IN CASE OF EMERGENCY

Person to be notified \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
Street City State Zip  
 Best number to reach contact \_\_\_\_\_ Backup number \_\_\_\_\_  
 Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

## INSURANCE

La Vida carries limited accident and illness insurance. Are you covered by a hospitalization or medical care policy?  Yes  No  
 Insurance \_\_\_\_\_ Policy # \_\_\_\_\_  
 Address \_\_\_\_\_  
Street City State Zip

## PHYSICAL CONDITION

Please identify and explain any health conditions that you or your physician feel would limit participation in activities.

	NO	YES	DATE	EXPLAIN ANY DETAILS OF YOUR CAMPER'S HEALTH CONDITION
Dizziness, loss of consciousness, fainting				
Asthma or respiratory disease				
Allergies or sensitivity to insect bites				
Carries an EpiPen				
Major impairment of sight or hearing				
Major injury to back, joints, bones				
Artificial limbs				
Hemophilia or bleeding				
Pregnancy				
History of epilepsy or stroke				
Diabetes				
Heart disease or pacemaker				
Recent surgery				

If you answered yes to any of the above questions, La Vida Adventure Camp strongly recommends that you consult your physician about your camper's participation in camp activities that include mountain biking, canoeing, kayaking, rock climbing, climbing on the high course and active games. La Vida Adventure Camp reserves the right to require a doctor's note for certain medical conditions.

Is the camper currently taking any medications?  Yes  No If so, what type? \_\_\_\_\_

Is there anything else we should know about the camper (mental illness, ADHD, skin sensitivities, etc.)? \_\_\_\_\_

Consent is hereby given for the applicant to attend the La Vida Adventure Camp experience and, in case of an emergency, permission is given to the Adventure Camp leaders to secure proper medical care, including sharing relevant medical information as needed. I acknowledge that the information above is accurate and true.



Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

# LA VIDA ADVENTURE CAMP PHYSICIAN'S FORM

This form must be completed by a licensed health care provider and returned prior to attending camp. A signed photocopy of the camper's immunization records and a signed physical from the last 18 months will also be accepted as a replacement for this physician's form.

Camper name \_\_\_\_\_ Sex:  Female  Male  
Last First Middle initial  
 Height \_\_\_\_\_ inches Weight \_\_\_\_\_ pounds Blood pressure \_\_\_\_\_  
 Birth date (mo/day/yr) \_\_\_\_\_ Age: years \_\_\_\_\_ months \_\_\_\_\_

## SYSTEMS REVIEW

Are there any abnormalities of:

	NO	YES	COMMENTS
Head, eyes, ears, nose, throat			
Vision, hearing			
Skin			
Respiratory system			
Cardiovascular system			
Musculoskeletal system			
Central nervous system			
Abdomen			
Genitalia			
Menstruation			

## IMMUNIZATION HISTORY

Please record the number of each immunization and the month/year of the most recent dose.

<b>Measles (MMR)</b> Dates _____	<b>Tetanus</b> Date _____	<b>Polio (IPV, OPV)</b> Date _____	<b>Tuberculin test</b> Results _____	<b>Lead test</b> Results _____
<b>Diphtheria, pertussis, tetanus (DPT)</b> Date _____	<b>Tetanus/diphtheria (TD)</b> Date _____	<b>Haemophilus influenzae type b (Hib)</b> Date _____	<b>Hepatitis B</b> Date _____	<input type="checkbox"/> Varicella vaccine or <input type="checkbox"/> Chickenpox Date _____

## KNOWN ALLERGIES AND TREATMENT

Food \_\_\_\_\_ Medication(s) \_\_\_\_\_  
 Environment \_\_\_\_\_ Insect(s) \_\_\_\_\_

## MEDICATIONS AND HEALTH INFORMATION

Is the camper currently under the care of a physician?  Yes  No If yes, why? \_\_\_\_\_  
 Recommendations for physical activity:  Unlimited  Limited  
 Define activities to be restricted if any \_\_\_\_\_  
 Current medications or treatment \_\_\_\_\_  
 Medications to be taken at camp (including sunscreen, inhalers, etc.) \_\_\_\_\_  
 Additional health information \_\_\_\_\_

I have examined the person herein described and have reviewed the health history. It is my opinion that this person is able to engage in and participate in all camp activities unless otherwise noted above.

 Physician signature \_\_\_\_\_ Date\* \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

\*Examination date must be within 18 months of Adventure Camp

# LA VIDA ADVENTURE CAMP **MEDICATION AUTHORIZATION FORM**

La Vida Adventure Camp will not administer medication or allow campers to self-medicate unless this form is completed by the camper's parent/guardian and countersigned by the health care consultant at La Vida Adventure Camp. Please check one or both authorizations you are giving and complete the appropriate information below and on the back of this sheet. If your child does not need other medications, **please still complete this form to authorize us to provide hand sanitizer to your camper.**

- Authorization for a camper to self-medicate, monitor or inject
- Authorization to administer medication to a camper, including hand sanitizer

## CAMPER CONTACT INFORMATION

Camper name \_\_\_\_\_ Age \_\_\_\_\_  
Parent/guardian name \_\_\_\_\_  
Emergency contact (if different than above) \_\_\_\_\_ Relationship \_\_\_\_\_  
Best number to reach contact \_\_\_\_\_ Backup number \_\_\_\_\_  
.....

## PHYSICIAN CONTACT INFORMATION

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_  
.....

## MEDICATION INFORMATION

Food/drug allergies \_\_\_\_\_  
Diagnosis (at parents' discretion) \_\_\_\_\_  
Name of medication \_\_\_\_\_  
Expiration date of medications received \_\_\_\_\_  
Special storage requirements \_\_\_\_\_  
.....

## ADDITIONAL INFORMATION FOR AUTHORIZATION TO ADMINISTER MEDICATION

Please complete these additional questions if you are authorizing the camp health supervisor to administer medication to a camper. *This section does not need to be completed if you are only authorizing a camper to self-medicate, monitor or inject.*

Dose given at camp \_\_\_\_\_  
Route of administration \_\_\_\_\_  
Frequency \_\_\_\_\_  
Date ordered \_\_\_\_\_  
Duration of order \_\_\_\_\_  
Quantity received \_\_\_\_\_  
Specific directions (e.g. on empty stomach/with water) \_\_\_\_\_  
\_\_\_\_\_  
Specific precautions \_\_\_\_\_  
Possible side effects/adverse reactions \_\_\_\_\_  
Other medications (at parents' discretion) \_\_\_\_\_  
Location where medication administration will occur \_\_\_\_\_

**AUTHORIZATION FOR A CAMPER TO SELF-MEDICATE, MONITOR OR INJECT**

Regulations allow for capable campers to self-medicate under the following guidelines.

- If a child is capable of self-medicating using a prescribed EpiPen or inhaler, and the parent/guardian and the camp health care consultant give written approval, the camper may be allowed to carry these devices with him/her at all times in order to self-administer when necessary.
- If a diabetic child requires his/her blood sugar be monitored, or requires insulin injections, and the parent/guardian and the camp health care consultant give written approval, the camper who is capable may be allowed to self-monitor and/or inject him/herself. Blood monitoring activities and self-injection must take place in the presence of the health supervisor.

I hereby state that my child, \_\_\_\_\_, is capable and reliable to self-medicate, monitor or inject and does have my permission to do so in accordance with the stipulations stated above.



Signature of parent/guardian

\_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER**

I hereby authorize La Vida Adventure Camp to administer to my child, \_\_\_\_\_, the medication(s) listed above as well as the over-the-counter medications indicated below, in accordance with Massachusetts regulations.

105 CMR 430.160(A)

Massachusetts regulations regarding camper medication **requires** prescription medicine be kept in the original containers with the pharmacy label, including date, location, pharmacist, serial number, prescribing physician, name of medicine, directions for use, cautionary statements, and amount of medicine in the container. Over-the-counter medicine **must** also be kept in original containers with directions regarding use. Medication can only be administered by the camp’s health supervisor or a licensed healthcare professional.

The use of over-the-counter medications is not encouraged and will be limited as much as possible during the program. Medications will be in the possession of La Vida staff and will be administered sparingly and according to manufacturer’s instructions. If a question arises during the program regarding medication, parents will be contacted.

The following over-the-counter medications will be on hand. Please check Yes or No to indicate whether or not you permit them to be administered to your child.

	Yes	No	Notes
Hand sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Acetaminophen (e.g. Tylenol)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ibuprofen	<input type="checkbox"/>	<input type="checkbox"/>	_____
Antihistamine	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stomach relief (e.g. Roloids, Pepto)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cough syrup	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anti-diarrheal	<input type="checkbox"/>	<input type="checkbox"/>	_____



Signature of parent/guardian

\_\_\_\_\_ Date \_\_\_\_\_

**FOR LA VIDA OFFICE USE ONLY**

Health care consultant signature

\_\_\_\_\_ Date \_\_\_\_\_

# LA VIDA ADVENTURE CAMP AUTHORIZATION FOR CAMPER PICKUP



Adventure Camper \_\_\_\_\_



Signature of parent/guardian

\_\_\_\_\_ Date \_\_\_\_\_

Please list the names of any parent, carpool driver or family friend that is authorized to pickup your camper at Ferrin Field (also called Gavin Intramural Field) parking lot. If your child is planning on riding a bike to or from camp, please list that as well.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

# LA VIDA ADVENTURE CAMP NOTES FROM THE DIRECTOR

The following are recommendations and reminders of our environment and camp health policies:

## Proper Hydration

Due to the nature of Adventure Camp, dehydration can be a serious issue for children. We recommend that all campers come to camp with a water bottle in order to carry water to remote locations and refill frequently. Water coolers will be placed at several locations frequented by the campers.

## Camper Food Policy

Campers are expected to bring their own drinks and lunches to camp each day (with the exception of the day after any of the Explorers' overnights). If a camper forgets lunch, water, etc., please notify us (your child may have already), and we will provide them with a prepackaged meal and a clean water bottle.

La Vida Adventure Camp is not a guaranteed nut-free location, especially since many campus areas are open to the public. However, if you have a concern about cross-contamination, please let us know, and we'll do our best to find a solution that works for your child.

## Basic First Aid

La Vida may use soap, water, antibacterial wipes and/or ointment to treat minor cuts and scrapes unless otherwise noted on a camper's medical form.

## Ticks and Mosquitoes

Ticks and mosquitos can transmit disease, including some serious ones. We highly recommend wearing appropriate clothing and using insect repellent. We will have this available for use by any camper that does not supply their own. In addition, parents/guardians should check campers for ticks nightly.

## Protection from Ultraviolet Exposure

Ultraviolet rays are powerful and can burn skin even on cloudy days. Due to the nature of Adventure Camp, it is strongly suggested that your child take precautionary measures such as wearing sunscreen of a minimum SPF 30, lip balm, a hat, and/or long clothing.

Parents/guardians should provide sunscreen for use during the camp day. Families are responsible for applying

the first layer of sunscreen prior to morning drop-off. Sunscreen sent to camp should be placed in a sealed plastic bag and labeled with the child's first and last name. The American Academy of Dermatology recommends everyone use sunscreen that offers the following:

- Broad-spectrum protection (protects against UVA and UVB rays)
- SPF 30 or higher
- Water resistance

La Vida will have SPF 50 sunscreen with broad spectrum UVA/UVB protection for use by any camper that does not supply their own.

During the camp day, our staff will take all reasonable and appropriate steps to help each child reapply sunscreen to exposed skin—including the face, the tops of ears, and bare shoulders, arms, legs and feet—prior to campers' participation in outdoor programs. Staff will only apply sunscreen when another staff member is present.

## Camper Attire Reminder

Campers should wear loose, comfortable clothing that can get dirty and is appropriate for athletic movement. As a part of our larger effort to respect ourselves and others, we ask that campers and staff do not wear revealing or midriff shirts or shorts.

They should also bring a bathing suit for water activities. One-piece or modest tankini swimsuits are suggested for girls and swim trunks for boys (i.e. not Speedos) because of the athletic nature of the water activities.

## Camper Drop-off

Please do not leave campers until you are sure they've checked in with a La Vida staff member. Unfortunately, we must make this explicit as parents have left campers alone before camp in the past.

## Explorers Travel Itinerary

Any trips a camper takes off campus (such as to canoe down the Ipswich) will be communicated with parents or guardians ahead of time.

## Camper Tech Policy

La Vida Adventure Camp is a fast-paced, activity-filled experience with lots of fun activities for campers. While campers may often want to record memories through camera phones and apps or parents may rely on the accessibility of cell phones, we have a "no tech" policy for campers.

At Adventure Camp, we've discovered that the simple presence of technology has a significant impact on a child's camp experience (whether it's theirs or someone else's), often decreasing overall focus, engagement and safety. Since we're striving for the best camp experience for each camper, we ask that you hold onto your child's technology while they're at camp. It really does help us to provide each child the best of our camp traditions and regular opportunities to try new things while protecting them from a permanent, digital record of any potential mistakes they may make while trying something new.

You'll always have a direct line to our staff (978.867.4504). If you need to reach campers during the day, please contact us. And after filling out the camper contact forms, we'll have the best number AND a backup to reach you, in case something needs your attention. If your child needs you and doesn't remember the best number to reach you, we'll have it available.

And those memories? They're more than digital. But in case you're worried about that, know that we'll be taking lots of photos and videos throughout the week, and we'll compile a great slideshow and video for the end-of-week Celebration. In addition, those slideshows and videos, along with all the individual photos, will be available free online following each camp session.

If we see a camper pull out a phone, iPad, drone, Gameboy, HDTV, etc., we'll ask them if we can hold onto it until they get picked up. If you have any concerns, please let us know. We do hope you understand, and we look forward to a wonderful tech-free week with your child.



# MENINGOCOCCAL DISEASE AND CAMP ATTENDEES

## COMMONLY ASKED QUESTIONS

### **What is meningococcal disease?**

Meningococcal disease is caused by an infection from the *Neisseria meningitidis* bacteria. These bacteria can infect the tissue (the “meninges”) that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. In the U.S., about 1,000–3,000 people get meningococcal disease each year and 10–15 percent die despite receiving antibiotic treatment. Of those who survive, about 11–19 percent may lose limbs, become deaf, have problems with their nervous system, become mentally retarded, or have seizures or strokes.

### **How is meningococcal disease spread?**

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within three to six feet of someone who is infected and is coughing and sneezing.

### **Who is at most risk for getting meningococcal disease?**

People who travel to certain parts of the world where the disease is very common are at risk for meningococcal disease. Children and adults with damaged or removed spleens or an inherited immune disorder (called “terminal complement component deficiency”) are also at risk. People who live in settings such as college dormitories are also at greater risk of disease.

### **Are camp attendees at increased risk for meningococcal disease?**

Children attending day or residential camps are not considered to be at an increased risk for meningococcal disease because of their participation.

### **Is there a vaccine against meningococcal disease?**

There are currently two vaccines available in the U.S. that protect against four of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Protection with the meningococcal polysaccharide vaccine lasts about three to five years. A meningococcal vaccine (conjugate vaccine), which was licensed in January 2005, is expected to help decrease disease transmission and to provide more long-term protection.

### **Should my child receive meningococcal vaccine?**

Meningococcal vaccine is not recommended for attendance at camps. However, this vaccine is recommended for certain age groups; contact your child’s healthcare provider. In addition, parents of children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child’s healthcare provider.

### **How can I protect my child from getting meningococcal disease?**

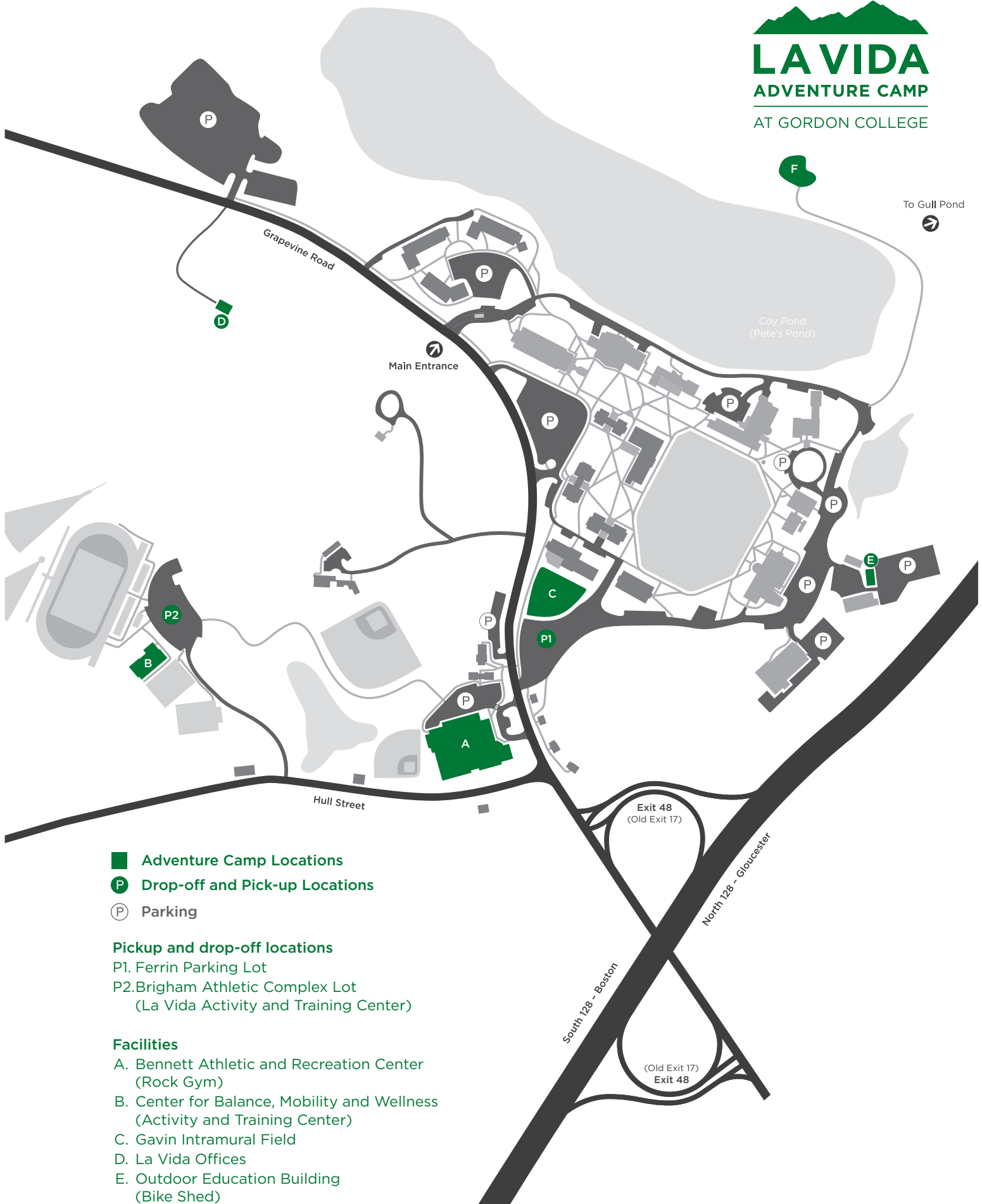
The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. Wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. Cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don’t have a tissue, cough or sneeze into their upper sleeve.
3. Not share food, drinks or eating utensils with other people, especially if they are ill.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health, or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at 617.983.6800 or toll-free at 888.658.2850 or on the MDPH website at [www.mass.gov/dph](http://www.mass.gov/dph).



**LA VIDA**  
ADVENTURE CAMP  
AT GORDON COLLEGE



- Adventure Camp Locations
- P Drop-off and Pick-up Locations
- P Parking

**Pickup and drop-off locations**  
 P1. Ferrin Parking Lot  
 P2. Brigham Athletic Complex Lot  
 (La Vida Activity and Training Center)

- Facilities**
- A. Bennett Athletic and Recreation Center  
(Rock Gym)
  - B. Center for Balance, Mobility and Wellness  
(Activity and Training Center)
  - C. Gavin Intramural Field
  - D. La Vida Offices
  - E. Outdoor Education Building  
(Bike Shed)