

2023 Camp Confirmation Packet

Church Hill Park Centreville, MD July 24th-27th

Dear Parents,

Thank you for registering for our 2023 Revolution Field Hockey Camp! We hope that this camp will be an unforgettable and exciting opportunity for your camper to improve his or her skills and work with some of the top coaches and players in the game!

This packet is designed to help you prepare for your upcoming camp. Please read this entire packet carefully, as it contains all the forms, important information, and tips you need to set your camper up for a smooth, successful camp experience.

If you have any questions after reviewing this packet please feel free to contact us via email or phone at support@fhcamps.com or 800.944.7112.

We look forward to seeing you all at camp this summer!

Best Regards,

The Revolution Field Hockey Camp Staff





2023 Revolution Field Hockey Camp



Our Mission

The Revolution Field Hockey Camps were developed to provide young athletes with the opportunity to become better lacrosse players by providing instruction from the top coaches in a positive and fun atmosphere.

Core Values

EXCELLENCE – We inspire our campers by providing an unforgettable experience that is the result of a dedicated staff, a progressive instructional curriculum and superior customer service.

FUN – We create lasting memories and friendships at camp by surrounding the campers with a passionate camp staff and a creative daily schedule that fosters meaningful interaction with all campers. We always remember that after all, this is camp!

IMPROVEMENT – We provide a unique opportunity for campers to improve their game through personal attention, setting goals and an energetic staff that is committed to the individual development of each camper.

SAFETY – We promote a safe and healthy camp environment by providing a responsible staff that supervises all camp activities and who are trained to be role models for our campers both on and off the field.

SPORTSMANSHIP – We practice teamwork through leadership opportunities that lead to on-field lessons of integrity, honesty and mutual encouragement.

Health and Safety

We want to ensure your child a safe and positive environment during their time at camp. Campers are expected to abide by the camp rules and live by our core values. Drugs, alcohol and tobacco products are strictly forbidden and constitute, along with general misconduct, grounds for dismissal from camp without a refund.

Final Payment

Final Payments are due in our office by May 15th. Any camper with a remaining balance will be prohibited from checking into camp. We do not accept final payments at camp. Final payments can be paid via mail, over the phone, or through your online account. If you are unsure about your balance, please call us at 800.944.7112

Cancellation Policy

Any Camper who must cancel their registration more than fifteen (15) days prior to the Camp start date will receive a voucher equal to the full amount of Camp tuition already paid which may be used toward any program or camp offered by eCamps. If a Camper must cancel their registration fourteen (14) days or fewer prior to the start of Camp, eCamps will issue Camper or Parent a voucher equal to 50% of the Camp tuition, which may be used toward any program or camp offered by eCamps. Vouchers are valid for any eCamps program within the same or next calendar year and are also transferable to another family member. Camp vouchers are not extended to Campers who leave Camp after the start of a session. The \$25 registration fee is non-refundable.

Cash refunds are not offered under any circumstances.

2023 Revolution Field Hockey Camp



CHECK-IN

8:15am on the first day at the athletic fields. Campers should be dressed and ready to play upon arrival each day. Don't forget to bring lunch and a water bottle! We suggest that half day campers pack a small snack.

PICK-UP

Pick up will be at 12pm each afternoon at the dropoff location.

HEALTH FORMS

Every camper must have the attached health history and release form filled out in order to attend camp. This form should be brought to camp and handed in at check in- please do not mail ahead. Please also be sure to bring the a printed copy of the COVID-19 Camp Monitoring Form (link to form in packing list).

*A physician's signiture is required on this form ONLY if you are attending a camp in CT, MA or NY. An attached physicians signed physical form from within two years will suffice. Camps in CT require the 'Administration of Medication' form for any medication brought to camp--this form can be found on FHCamps.com

Don't Forget to Tell Your Friends!

Camp can be even more fun with a friend. Space is still available, so remember to tell your teammates to check out this session at FHcamps.com!

2023 Revolution Field Hockey Camp



Cell Phone Policy

In order to provide the ideal camper experience, we believe in limiting the use of cell phones and other electronic devices while at camp. Use of phones is not permitted during the instructional blocks of camp, including on-field and classroom sessions. We feel this will minimize distractions to the learning environment, help maintain an inclusive atmosphere and alleviate potential problems that can detract from the overall experience for everyone.

Phone use will be allowed during in the mornings prior to morning session, at lunch, and for overnight camps before and after the evening session. We will still encourage players to minimize their time on devices in order to interact and engage with other campers, but understand they might want the chance to call home, text friends, etc.

Checklist of Things to Bring

Below is a suggested list of items to bring to camp. We suggest that campers do not bring expensive personal items such as cameras, iPods/iPads, etc. Please label every article you bring to camp. All items will be the responsibility of the camper. Revolution Field Hockey and its camp staff are not responsible for lost, stolen or forgotten items.

- Health Form
- Field hockey stick
- Shin guards
- Sneakers or turf shoes
- Mouthguard (check out sisuguard. com)
- Snacks and water bottle
- Sunscreen
- COVID-19 Camp Monitoring Form

Camp Address (Drop off location)

Please use the following address:

1130 Sudlersville Road Church Hill, Marlyand 21623

eCamps Inc. Summer Camp Health Record

Every camper must have this health record filled out and bring it with them to camp check-in. Camps held in the following states require this form to be completed and signed by a physician before your child can participate at summer camp, (CT, MA, NY).

PLEASE DO NOT MAIL AHEAD.

Camp Attending:			Immunization History (Please List Dates) Copy of Immunization Record Preferable.	
Name:				
Last	First	Middle Initial	DPTBooster	
DOB:	Age:	Sex:	DT	
Parant Cuardian:			Polio OPV (Sabin) Booster	
Addison			Measles/Mumps/Rubella (MMR) #1 #2	
Phone (Home):			Hepatitis B #1#2#3	
Phone (Work):			Chickenpox	
Phone (Cell):			Tetanus	
Emergency Contact:			Turberculin	
Phone (Home):			Pneumococcal Conjugate	
Phone (Cell):			Haemophilus Influenza b (HIB)	
Health History			Insurance Information	
May Participate in all camp activities			Health Insurance Provider:	
May participate except for			Policy/ID Number	
			Policy Holder's Name & DOB	
Does this individual have allergies? YES NO Explain:			Insurance Provider Contact: Phone	
			Mailing Address	
			Please include a photocopy of your Health In	surance card for our records
Is this individual on	a special diet? 🔲 Y	ES NO		
Explain:			Parent's Authorization This health history is correct so far as I know, and the person herein	
			described has permission to participate	
Does the individual	have special needs?	YES NO	noted. I give my child permission to be t	
Explain:			personnel. I understand that every attempt will be made to contact me or the emergency contact, before taking this action. I hereby waive ar	
			release eCamps Inc, the Revolution Field	d Hockey Camps, staff, camp
			management and sponsors from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS A RISK	
I have examined the above camper with in the past two years.			OF INJURY TO MY CHILD AS A RESULT OF CAMP ACTIVITIE AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF	
Date Examined				
			SUCH INJURY. I will be financially re- attention needed during camp.	sponsible for any medical
Physician's Signatur	re		attended the dating comp.	
Physician's Nam			Parent Signature	Date
Today's Date		***NOTE***Medication will be checked and kept by the staff. All		
Address				
		V11 10 11 11 11 11 11 11 11 11 11 11 11 1	legible prescription label; including inha	
PLEASE NOTE: DOCTOR SIGNATURE IS		authorization form" must accompany all medication and requires the physician's signature in CT, MA & NY.		

CT, MA & NY

ONLY REQUIRED FOR CAMPS IN