



## Moravian University Field Hockey Camp

Bethlehem, PA

July 18<sup>th</sup>- July 21<sup>st</sup>

We are looking forward to seeing you at camp this summer! Thank you for registering and we hope that this camp will be an unforgettable and exciting experience for you to improve your skills and work with some of the top coaches from across the country!

Please read the packet below as this information is extremely important. It contains all the forms, important information, and tips you need to set your camper up for a smooth, successful camp experience. Feel free to call us with any questions at 800.944.7112 or email us at [support@fhcamps.com](mailto:support@fhcamps.com). This packet can be downloaded at <https://www.fhcamps.com/forms-field-hockey-camps/> under "Lake Forest Academy Field Hockey Camper Packet".

### **Check-in/Check-out**

Overnight campers: Check-in will be 12-2pm at Hauper Union Building (#36 on campus map below). Check-out will be on July 21<sup>st</sup> from 12-2pm at Hauper Union Building. (All meals included).

Extended day campers: Check-in on the first day will be at 1pm at Hauper Union Building (#36 on campus map). Campers will be dropped off and picked up directly from the field after initial check-in on the first day (#35 on campus map below). (Only lunch and dinner included).

### **Campus Address**

[1200 Main St.](#)

[Bethlehem, PA 18018](#)

## [Campus Map](#)

**\*Hauer Union Building #36 (Check-in and Check-out location)**

**\*John Makuvek Field #35 (Turf Field)**

**\*Hassler Hall #31 and Jo Smith Hall #15 (assigned dorms)**

## **Camp Phone Number**

Revolution Field Hockey Camp Office- 800.944.7112

Revolution Field Hockey Support Email- [support@fhcamps.com](mailto:support@fhcamps.com)

## **Camp Forms**

**IMPORTANT!** There are FOUR required forms that **NEED** to be printed, completed, and brought to camp on the first day and your participant may not participate in camp till these forms are completed and submitted to the camp director. See packing list below for links to the forms.

## **Health and Safety**

We want to ensure your child a safe and positive environment during their time at camp. Drugs, alcohol and cigarettes are strictly forbidden, and will result in immediate dismissal from camp without a refund.

## **Transportation**

Revolution Field Hockey Camp is unable to provide transportation from airports, train stations or bus stops.

## **Payments**

Final Payments are due in our office before the start of camp. If you have a balance and would like us to charge it to your credit card, please call us at 800.944.7112.

## **Packing List**

- [Health Form \(attached below\)](#)
- [Covid-19 Liability Waiver \(attached below\)](#)
- [Covid-19 Athletic Monitoring Form \(attached below\)](#)
- Moravian Emergency Contact Form and Medical Release (attached below)

## **IMPORTANT**

**Campers will not be admitted to camp without these forms completed. Please bring a completed printed copy of each form and hand to give to the camp counselor at check-in.**

- Bed linen (Twin extra long sheets)
- Blanket and/or sleeping bag

- Pillow
- Towel
- Toiletries
- Shower shoes
- Water bottle
- Sunscreen
- Spending money- we recommend bringing no more than \$50
- Masks
- \$50 Key deposit check- made out to “Revolution Field Hockey Camps” (overnight campers only)
- Field Hockey Stick
- Shin guards
- Mouth guard
- Shin guard socks
- Sneakers
- Turf shoes
- Extra water bottles, Gatorade, and snacks to eat during down time
- Clothes
  - Shorts, tank-tops, t-shirts, sweatshirt, socks, rain jacket, pajamas

### **Key Deposit Check**

All campers are responsible for their dorm key assigned to them for the duration of camp. The \$50 key deposit check will be kept till the end of camp. If at any time the key is lost the check will be cashed to cover the cost. Once the key is turned in at the end of camp to the housing office the check will be destroyed.

### **Spending Money and other Valuables**

It is not recommended that excessive amounts of cash be brought to camp. Please remind your camper to keep any spending money in a secure place. We also try to discourage campers from bringing electronic devices and laptop computers. The Revolution Field Hockey Camp is not responsible for the theft or loss of personal items.

### **Goggles**

Revolution Field Hockey operates under the International Field Hockey Federation rules which states players are permitted/ not required to wear a smooth preferably transparent or white but otherwise dark plain colored face mask which fits flush with the face, soft protective head covering, or eye protection in the form of plastic goggles. The rule is provided above so that you see what is currently in place (and, it seems flexible enough to leave the decision in the players’/parents’ hands regarding goggles at camp). Please have a discussion with your child before camp.

**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 can be transferred to a future program or camp within the same calendar year or next calendar year. The voucher is also transferable to another family member and is good for any camp offered by eCamps within one year of the date of purchase. Camp vouchers are not extended to campers who leave camp after the start of a session. **Cash refunds are not offered under any circumstances.**

### **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.

### **[COVID-19 Camp Policies and Procedures](#)**

We understand that the COVID-19 pandemic has heightened your concerns regarding your children's health and safety. At Revolution Field Hockey Camps, we recognize the importance of this part of the equation when choosing activities for your kids. Our team is also aware of how crucial it is for your child's well-being to continue participating in the sport they love. That's why we want to assure you that we are doing everything we can to provide a COVID-safe camp environment for your field hockey player, so they can focus on having fun and taking their skills to the next level.

### **Indoor Mask Policy**

Masks are mandatory for all staff and campers when entering and exiting the dining hall. While actively eating or drinking masks may be removed. Mask wearing in the dorms is only mandatory for those participants not fully vaccinated. Those who are vaccinated are strongly encouraged to wear a mask but not required to.

### **Outdoor Mask Policy**

Masks are not required to be worn while outdoors. It is still strongly encouraged to maintain social distancing when able.

Addendum Relating to Coronavirus/COVID-19  
for eCamps Camp Waiver and Terms and Conditions

This Addendum supplements terms and conditions that apply to your registration as parent or guardian (“**Parent**”) on behalf of your child or ward who you register as an individual Participant (each a “**Participant**”) for a program or camp (“**Camp**”) offered by eCamps, Inc. (“**eCamps**”)

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (“WHO”). COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

Camp cannot prevent Participant from becoming exposed to, contracting, or spreading COVID-19 while participating in the Activities. It is not possible to prevent against the presence of the disease. Therefore, if Parent chooses for Participant to participate in the Activities, there may be an increased risk of Participant’s and Parent’s exposure to or contracting or spreading COVID-19.

**ASSUMPTION OF RISK:** Parent has read and understood the above warning concerning COVID-19. Parent hereby chooses to accept the risk of Parent and Participant contracting COVID-19 in order for Participant to participate in the Activities. Parent acknowledges that participation at Camp is of such value to Parent or Participant, that Parent and Participant accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to have Participant participate in the Activities.

**GOVERNING LAW:** The law of the state where the Camp is located shall govern this Addendum.

**WAIVER OF LAWSUIT/LIABILITY:** Parent hereby forever releases and waives Parent’s and Participant’s right to bring suit against eCamps, and its affiliates and their owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to participation in the Activities. Parent understands that this waiver means Parent gives up Parent’s and Participant’s right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim Parent or Participant may have to seek damages, whether known or unknown, foreseen or unforeseen.

By signing this document, Parent agrees that if Parent or Participant is exposed or infected by COVID-19 during Participant’s participation in the Activities, then Parent may be found by a court of law to have waived Parent’s or Participant’s right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

**PARENT HAS CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE PARENT’S AND PARTICIPANT’S RIGHTS CONCERNING LIABILITY AS DESCRIBED.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**COVID-19 Screening Camp Monitoring Form**

Please complete this form and print it out to hand in at check-in every morning. Please monitor your child daily. This form is intended for self-monitoring of COVID-19 symptoms. If you show any of the below symptoms, please immediately contact the camp office and camp staff (800-944-7112)

<b>Fever or Chills</b>	<b>Yes</b>	<b>No</b>
<b>Cough</b>	<b>Yes</b>	<b>No</b>
<b>Nasal Congestion or Runny Nose</b>	<b>Yes</b>	<b>No</b>
<b>Sore Throat</b>	<b>Yes</b>	<b>No</b>
<b>Shortness of Breath or Difficulty Breathing</b>	<b>Yes</b>	<b>No</b>
<b>Diarrhea</b>	<b>Yes</b>	<b>No</b>
<b>Nausea or Vomiting</b>	<b>Yes</b>	<b>No</b>
<b>Fatigue</b>	<b>Yes</b>	<b>No</b>
<b>Headache</b>	<b>Yes</b>	<b>No</b>
<b>Muscle or Body Ache</b>	<b>Yes</b>	<b>No</b>
<b>New Loss of Taste or Smell</b>	<b>Yes</b>	<b>No</b>
<b>Temperature (Higher than 100.3)</b>	<b>Yes</b>	<b>No</b>

Participant Name: \_\_\_\_\_

Time & Date: \_\_\_\_\_

Camp Location: \_\_\_\_\_

Temperature at Home: \_\_\_\_\_ Initial \_\_\_\_\_

**Please Initial**

My child has not had any COVID-19 symptoms in the past 14 days    Initial \_\_\_\_\_

My child has not tested positive for COVID-19 in the past 14 days    Initial \_\_\_\_\_

My child has not had close or proximate contact with confirmed or suspected COVID-19 case in the past 14 days    Initial \_\_\_\_\_

## 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: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

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

### Health History

\_\_\_\_ May Participate in all camp activities  
\_\_\_\_ May participate except for \_\_\_\_\_

Does this individual have allergies?  YES  NO  
Explain: \_\_\_\_\_

Is this individual on a special diet?  YES  NO  
Explain: \_\_\_\_\_

Does the individual have special needs?  YES  NO  
Explain: \_\_\_\_\_

I have examined the above camper with in the past two years.  
Date Examined \_\_\_\_\_

Physician's Signature \_\_\_\_\_  
Physician's Name \_\_\_\_\_  
Today's Date \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**PLEASE NOTE: DOCTOR SIGNATURE IS  
ONLY REQUIRED FOR CAMPS IN  
CT, MA & NY**

### Immunization History (Please List Dates)

*Copy of Immunization Record Preferable.*

DPT \_\_\_\_\_ Booster \_\_\_\_\_

DT \_\_\_\_\_

Polio OPV (Sabin) \_\_\_\_\_ Booster \_\_\_\_\_

Measles/Mumps/Rubella (MMR) #1 \_\_\_\_\_ #2 \_\_\_\_\_

Hepatitis B #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Chickenpox \_\_\_\_\_

Tetanus \_\_\_\_\_

Turberculin \_\_\_\_\_

Pneumococcal Conjugate \_\_\_\_\_

Haemophilus Influenza b (HIB) \_\_\_\_\_

### Insurance Information

Health Insurance Provider: \_\_\_\_\_

Policy/ID Number \_\_\_\_\_

Policy Holder's Name & DOB \_\_\_\_\_

Insurance Provider Contact: Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

*Please include a photocopy of your Health Insurance card for our records.*

### Parent's Authorization

This health history is correct so far as I know, and the person herein described has permission to participate in all activities except as noted. I give my child permission to be treated by emergency response personnel. I understand that every attempt will be made to contact me, or the emergency contact, before taking this action. I hereby waive and release eCamps Inc, the Revolution Field 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 OF INJURY TO MY CHILD AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*NOTE\*\*\*Medication will be checked and kept by the staff. All prescription medications must be in their original case/box with the legible prescription label; including inhalers. The "prescriber's authorization form" must accompany all medication and requires the physician's signature in CT, MA & NY.



**APPENDIX B: Emergency Contact Form & Medical Release Form**

Must be completed/signed by participant/parent/guardian of minor participant *BEFORE* participating in activity at Moravian College

Date and Name of Event: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Name of Parent/Guardian if under the age of 18: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Name of School/Host Organization (if applicable): \_\_\_\_\_

Please list any and all allergies: \_\_\_\_\_

Please list any medication you are currently taking: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ ID #: \_\_\_\_\_

• Please check here if the participant is NOT covered under an insurance policy. Please be aware that all bills will be sent directly to the parent and/or legal guardian.

**Medical Treatment Waiver & Release Form**

In consideration of the use of premises or facilities owned or operated by Moravian College and/or in consideration of permitting my minor child to participate in the activity listed above, on behalf of my minor child, myself, my heirs, executors, administrators, successors or assigns I hereby release and forever discharge Moravian College, its agents, servants and employees from any and all manner of actions, causes of action, suits, damages, claims and demands, on account of personal injury, including death or any other cause whatsoever, which I may have against them by reason of arising out of my minor child's participation in the above listed activity.

*I understand and accept the risks involved in this activity.*

\_\_\_\_\_  
**Signature of Participant/Parent/Guardian**  
*Must be signed by Parent/Guardian if participant under the age of 18*

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

Please make certain that you have adequate health and accident insurance, since Moravian College will not be responsible for injuries resulting from your minor child's participation in physical activities.