



# 2022 Camp Confirmation Packet

**Eastern Mennonite University  
Harrisonburg, VA  
July 10th-13th**

Dear Parents,

Thank you for registering for our 2022 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](mailto: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



# 2022 Revolution Field Hockey Camp



## Our Mission

The Revolution Field Hockey Camps were developed to provide young athletes with the opportunity to become better field hockey 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.**

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## CHECK-IN

Check in on the first day of camp will be between 12-1pm at Dorm TBA. Dinner will be the first meal served. All campers should arrive dressed and ready for their first session. Check-in will take place at the **TBA**.

## CHECK-OUT

Campers will check out at 12:15pm at the check-in location. Parents are encouraged to attend the morning session of games on the last day starting at 9am! Check-out will occur immediately after the closing ceremony.

## EXTENDED DAY CAMPERS

Beyond the first day, you should plan on arriving dressed and ready to play at 8:30am. Pick up will be at 8:30pm the after the evening session. Lunch and dinner are included.

## KEY DEPOSIT

The school requires a key deposit of \$100 per overnight camper. Please bring a check made out to "Revolution Field Hockey Camps". The check will be returned to you at check-out when your camper's key is turned in.

## 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.**

[COVID - OVERNIGHT CAMP PROCEDURES & PROTOCOLS](#)

***NO PROOF OF VACCINATION OR TESTS ARE REQUIRED***

\*A physician's signature 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!

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## 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 / COVID Waivers
- Authorization of Medication Form for any medication brought to camp (Connecticut Camps ONLY)
- Field Hockey Stick
- Shin guards
- Sneakers, turf shoes, slides or flip-flops
- Mouthguard (check out SisuGuard.com)
- Athletic Socks
- T-Shirts, tank tops, sweats, shorts
- Bedding Linens
- Pajamas
- Blanket/Sleeping Bag
- Pillow
- Shower Towel
- Bathing Suit / Swim Towel (For Pool Use)
- Toiletries
- Alarm Clock
- Sunscreen
- Key Deposit Check (\$100)
- Portable Fan (No AC in Dorms)
- [\*\*COVID-19 Camp Monitoring Form\*\*](#)

## Camp Address (Drop off location)

Please use the following address:

1200 Park Rd,  
Harrisonburg, VA 22802

# 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.