



# 2019 Camp Confirmation Packet

**Montclair State University**

**Montclair, NJ**

**July 21 - 24, 2019**

Dear Parents,

Thank you for registering for our 2019 Revolution Field Hockey Camp! We hope that this camp will be an unforgettable and exciting opportunity for your camper to improve 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,  
Revolution Field Hockey Camp Staff



# 2019 Revolution Field Hockey Camp

## Our Mission

Revolution Field Hockey Camps were developed to provide young athletes with the opportunity to become better 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

In the event of a camper having to withdraw prior to the start of the session for any reason, a full camp credit of all camp tuition paid will be offered if the cancellation is up to five days before camp's start date. If the camper cancels within five days of the start of camp, regardless of reason, a camp credit will be given for the amount paid less \$100. The credit is transferable to another family member and is good through the 2020 season. There will be no credit offered for cancellations after the start of the camp session or for campers who leave camp early. Cash refunds are not offered under any circumstances. For families with a credit, there is no guarantee that camps will be held in the same location each year.

# 2019 Revolution Field Hockey Camp

## CHECK-IN

Check in on the first day of camp will be between 12:00 - 1:00pm. Dinner will be the first meal served. All campers should arrive dressed and ready for their first session. Check-in will be held at Machuga Hall.

## CHECK-OUT

Campers will check out at 12pm 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

Please arrive dressed and ready to play on the first day. Tip: the length of registration is for campers to move into their dorms therefore you can arrive closer to 1:00pm. Check in with staff at check-in for the appropriate pick up and drop off location for the consecutive days. Typically, you will arrive just before the 9:00am session and depart at 8:30PM, after the evening scrimmage

## PARKING

**Overnight Parking:** Any camper driving herself to board for the duration of camp will be subject to a \$25 per car charge. Advanced notice is mandatory if you plan to drive yourself to camp so call 800-944-7112 or email [support@fhcamps.com](mailto:support@fhcamps.com) to make your reservation. Your parking permit will be distributed at registration. Loading/Unloading zones outside Blanton Hall will have available assistance to help with each camper's luggage. **Daily Drivers:** Any campers driving themselves daily will park in Red Hawk Garage; \$12 for the week. Once on Normal Avenue you will take your first right into the main entrance of campus between the pillars. The gym will be on the left and construction on your right. Follow this road up the hill and around the bend. The Red Hawk Parking Garage will be on your right. Advanced notice to park in the garage is required. Please call or email us to reserve a spot.

## 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.**

\*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.

*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](http://FHCamps.com)!

# 2019 Revolution Field Hockey Camp

## 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. Cell phones are allowed in the dorms and dining areas, but not on the field during training sessions. 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
- Authorization of Medication Form for any medication brought to camp (Connecticut Camps ONLY)
- Field Hockey Stick
- Shin guards
- Cleats, sneakers, and/or turf shoes
- Mouthguard (2x)
- Goggles
- Goalies: Pads, Gloves, Helmet
- Athletic Socks
- T-Shirts
- Shorts
- Sweatshirt
- Off-Field Clothes
- Bedding Linens (Twin XL)
- Blanket/Sleeping Bag
- Pillow
- Shower Towel
- Toiletries
- Alarm Clock
- Sunscreen
- Air- Conditioned Dorms!

## Camp Address (Drop off location)

Please use the following address:  
Montclair State University  
30 E Normal Ave. Montclair, NJ  
[Campus Map](#)

Need Gear for Camp?  
Check out **CranBarry.com!**



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**MORE PROTECTION.  
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# Revolution Field Hockey Camps Health Record and Release

Every camper must have this health record filled out and bring it with them to camp check-in. Camps held in CT, MA or NY require this form to be completed and signed by a physician before your child can participate at summer camp. An attached physician's signed physical dated within two years from the start of camp will suffice.

*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 \_\_\_\_\_

**\*PHYSICIAN'S SIGNATURE ONLY REQUIRED FOR CAMPS HELD IN CT, MA or 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 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\*\*\*All medication will be checked and kept by the trainer.

All prescription medications must be in their original case/box with the legible prescription label; including inhalers. The "prescribers authorization form" must accompany all medication and requires the physician's signature in CT, MA & NY. **The Administration of Medication Form must accompany all medication for camps in CT.** This form is available for download on FHCamps.com.