



Thank you for registering for the Revolution Field
Hockey Camp
(Staples High School – Westport, CT)

We're looking forward to seeing you at camp this summer! 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. This packet can be downloaded at <https://www.fhcamps.com/forms-field-hockey-camps/> under "Staples High School Camper Packet".

Day Campers:

August 3 – 6

8:15- 8:30am Contactless Car Check in

11:50 - 12:00pm Contactless Check Out (BYO

CAMPER PICK UP SIGNS) * *Please Note:*

Guardians/ Parents / Visitors are not permitted to exit vehicles to observe sessions

Camp Address

Staples High School

70 North Ave

Westport, CT 06880

See Campus Map for Drop-Off & Pick Up Location.

Don't Forget to Tell Your Friends!

Space is still available so remember to tell your friends and teammates about the camp! They can register over the phone or online at

www.FHcamps.com

Camp Phone Numbers

Revolution Field Hockey Camps Office: 800.944.7112

Director: Cheryl Canada 203.671.4988

Trainer: Abby Bamberger #215-805-0083

Staff can be contact DURING CAMP HOURS via text msg, but be patient as they are busy with campers

Camp Forms

IMPORTANT! There are FOUR required forms that **NEED** to be brought to camp on the first day. Please see packing list on page 2 for links to these forms.

Health & Safety:

We want to ensure your child a safe and positive environment during their time at camp. **All campers must complete the Camp Prescreening form before arriving to camp on the first day, see below;**

<https://forms.gle/Jo1sbDcF4ZQAkMxi6>

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.

DIRECTIONS to Staples High School- See Campus Map Below for exact location of check-in and check-out.

[Campus Map, CLICK HERE](#)

PACKING LIST

- Sunscreen (SPRAY ONLY)
- Hand Sanitizer
- Mask
- Field Hockey Stick, Shin Guards, Goggles, Mouthguard (bring 2)
- Cleats, Sneakers, and/or Turf shoes (socks 2x)
- Water jug - MULTIPLES
- ATTIRE: T-Shirt/ Tank, Shorts
- Garbage Bag for bag in case of rain sprinkles
- Towel

FORMS

- [Health Form \(with Dr. Signature\)](#)
- [Covid-19 Liability Waiver](#)
- [Covid-19 Athletic Monitoring Form](#)
- [Administration of Medication Form \(if necessary\)](#)
- [Individual Plan for Care of Campers Form \(if necessary\)](#)
- [State of CT Informed Consent Form](#)

All Bolded Forms Listed Above Are REQUIRED at Check-in – Your Camper will NOT be Admitted Without These Forms

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.**

If eCamps Sports Network is forced to postpone your child's 2020 summer camp due to the facility being closed or by government mandate, you will receive a camp credit voucher for tuition fees paid (never expires, fully transferable & for any sport).

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 Camp Procedures

Check-In Process

1. Parents are permitted to drop off campers between 8:15am – 8:30am each morning
2. Parents will be directed to the car drop-off area via the parking lot (See Map)
3. Prior to the camper exiting the car, parents must provide all the mandatory paperwork. The daily screening sheet, will be necessary only on Day 1.
4. Once camper is cleared to attend camp, she will be directed to her camper spot on the field. This is where she will keep her gear, lunch, water, and personal belongings for each day (*These areas will remain the same for the entirety of camp*)
5. Staff will be masked and gloved. Campers and Parents will wear masks during screening and when they exit vehicle.

Check-Out Process

1. Campers will cool down and stretch at their camper spot. When parents arrive, they have been instructed to bring an 8.5 x 11 CAMPER NAME SIGN. Campers will be called to pick up area / parent's vehicle. There will be a pickup area queue for the campers with markers keeping them 6 feet apart to prevent congestion in the pickup area.
2. Parents are permitted to pick up campers between 11:50am-12:10pm via the parking lot flow pattern.
3. Parents are not permitted to exit their vehicle to observe any part of the on-field session

During Camp

Coaches will always wear masks (*when within 6 feet*)

Staff will put up CDC signage regarding social distancing and cleaning & disinfecting protocols

Day One Education: staff will explain to all campers the guidelines to follow regarding socially distancing as well as who/where to go to if feeling ill.

Campers will put all their gear, bags, bottles, and belongings in a designated area

No high fives, handshakes, or contact between anyone.

No sharing of water/bottles/sunscreen

Staff will make sure to remind campers to apply sunscreen throughout the day and consistently stay hydrated

Staff will wait until all campers are gone

Staff will do a deep clean at the start and end of each day.

Bathrooms will also be cleaned daily with disinfectant.

Group Distancing

1. We will establish stable groups (10 – 14 players), these groups will remain the same for the duration of camp. Stable groups will not mix. Stable Groups will train approx. 14 ft apart from one another.
2. Campers will stay in there groups from their on-field activities

Equipment/Gear

3. We will have separate equipment for each group and disinfect between station changes or breaks
4. Coaches will be the only ones to handle any shared equipment (Balls, cages, cones, etc.)

Cleaning/Social Distancing

1. Will use hand sanitizer before and after all breaks.
2. We ask that all campers also bring their own but we will set up our own sanitizer station.
3. We will sanitize gear intermittently throughout the day.
4. Staff will wear gloves and mask while disinfecting spaces

Food/Lunch/Snacks

1. Campers will stay socially distant during all breaks
2. Campers are not allowed to share food/snacks

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: _____

Day One

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)

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

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 _____

STATE OF CT INFORMED CONSENT

(this form may be used for staff and parents of children enrolled at a youth camp during the COVID-19 declared emergency)

I hereby attest that I have been informed of the following pertaining to the coronavirus:

- People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from COVID-19 can be found in [CDC's guidance](#). 1 Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.
- Staff and children living in households with individuals who are 65 years and older OR have higher risk for severe illness from COVID-19 are recommended to stay home.

Signature of Staff or Parent/Guardian

Printed Name

Child's Name (if a parent/guardian)

Date

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.

Administration of Medication Form

(only fill this out if your child requires it)

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse)

Name of Child _____ Date of Birth ____ / ____ / ____ Today's Date ____ / ____ / ____

Medication Name _____ Controlled Drug? _____ YES _____ NO _____

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration: Start Date ____ / ____ / ____ Stop Date ____ / ____ / ____

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug: Allergies? YES / NO Reactions to? YES / NO Interactions with? YES/ NO

If "Yes" to any of the above, please explain _____

Prescriber's Name _____ Phone Number _____

Prescriber's Address _____ Town _____

Child may self-administer the prescribed medication as directed

Prescriber's Signature _____

Parent/ Guardian Authorization:

I request that medication be self-administered to my child as described and directed above.

Name of Camp _____ Today's Date ____ / ____ / ____

Child's Name _____ Address _____ Town _____

Name of Parent/Guardian Authorizing Administration of Medication _____

Relationship to Child: ___ Mother ___ Father ___ Guardian/ Other Explain: _____

Address: _____ Town: _____ Phone # _____

Signature of Parent/ Guardian Authorizing Administration of Medication _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the camp trainer in accordance with board policy. In a camp, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization: Yes No

Signature

Date

Parent/Guardian authorization: Yes No

Signature

Date

Name of Camp Personnel Receiving Written Authorization and Medication _____

Title/ Position _____ **Signature (in ink)** _____

Important Information Regarding the Administration of Medication

In accordance with the Department of Public Health of the State of Connecticut, eCamps Inc. has written policy regarding the administration of medication. Our summer programs limit medication usage to camper self administration (of a school age). Our program will keep the proper documentation on file. If your child brings to camp an Epi-Pen, inhaler or other prescribed oral or topical medication, or a non-prescribed (over-the-counter) oral or topical medication that may need to be provided, camper must be able to self-administer.

Please complete and return the following forms:

Health Record and Release Form

Self-Administration of Medication Form

Be sure to read the Administration of Medication Policy below.

Administration of Medication Policy

eCamps Summer Programs will keep on file the following information:

Prescribed inhalers, Epi-Pens or other medications with parents' consent and a doctor's signature.

Non-prescription oral medications with parent's consent and a doctor's signature

A separate authorization form is needed for each individual medication brought to camp, and each requires both a parent's and a doctor's signature.

Parents Responsibilities

It is the parent's responsibility to inform program staff upon registration that their child has a prescribed inhaler, epi-pen, or other medication. The medication must be maintained privately in the child's bag so as to be inaccessible to other children. Medication forms are required to be signed by parent and physician before the program starts.

Form must include:

The child's name, address, and birth date

The medication name

The prescribed dose

The method of which it will be self-administered (oral, topical, Epi-pen, etc)

The time to be self-administered

The side effects

The prescriber's name and address

Medications must be in their original container and clearly labeled.

Staff Responsibilities

Medication will be self-administered by camper, but under close supervision by a staff member. Parents shall be notified of any administration errors by telephone. The error will be documented in the child's camp record.

Staff will keep accurate documentation of all medications administered by completing the proper paper work, which will be kept in the program director's files. Individual administration records shall include:

The date the medication was administered.

The time it was administered

The dose that was administered

Any comments

If you have any questions about the administration of medication during camp, please contact the Program Directors.

I have read and understood the above policy put forth by eCamps Summer Programs regarding the selfadministration of my camper's medication.

Parent Signature

Date

Individual Plan of Care for Campers

With Special Health Care Needs or Instructions

Child's Name: _____ Date of Birth ____/____/____

Special health care need or disability:

Plan for appropriate care of the child in a medical emergency. An individual Plan of Care is necessary when a child has a special health care need or disability and it is necessary that special care be taken or provided while the child is at the youth camp.

Other relevant information: (e.g. precautions to be taken to prevent a medical or other emergency)

Signature(s) of the Parent(s):

Date Signed:

____/____/____

____/____/____

NOTE: Section 428-3(a) requires a child's health record to include information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for the child with special health care needs or disabilities. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Such plan of care shall include appropriate care of the camper in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the camper.

Please use the reverse side of this form for signature(s) of all staff responsible for the care of this child.

