



Thank you for registering for the  
**Top of the Class Fall Clinic**  
CFC Park Bethany, CT

We're looking forward to seeing you at Top of the Class this fall! We hope that this clinic 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 "Top of the Class – North (Fall) Field Hockey".

**Athletes:**

September 13<sup>th</sup>, 2020

8:20 - 8:50am Contactless Car Check in

4:00 - 4:15pm Contactless Check Out (BYO

CAMPER PICK UP SIGNS) \* *Please Note:*

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

**Camp Address**

CFC Park

667 Amity Rd, Bethany, CT , 06524

*See Campus Map for Drop-off & Pick Up Location.*

**Don't Forget to Tell Your Friends!**

Limited to 60 players – there is currently still space available so remember to tell your friends and teammates about the clinic! They can register over the phone or online at [www.FHcamps.com](http://www.FHcamps.com)

**Phone Numbers**

Revolution Field Hockey Camps Office: 800.944.7112

**Player Forms**

**IMPORTANT!** There are FOUR required forms that **NEED** to be brought to the event at check in. 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 players and staff must complete the Event Prescreening form 72-24 hours before arriving on September 13<sup>th</sup>, see below;**

<https://forms.gle/2Ub6nW7cGJn9sHNSA>

**Transportation:**

Revolution FH / Top of the Class is unable to provide transportation from airports, train stations or bus stops.

**Payments:**

Final Payments are due in our office before the start of the event. 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 CFC Park-** See Parking Map Below for exact location of check-in and check-out.

CFC Park  
667 Amity Rd, Bethany, CT , 06524

[Google Maps](#)

### PACKING LIST

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

### FORMS

- [Health Form \(Requires DR. Signature\)](#)/ If you choose to use a recent physical please staple it to our form and fill out the accurate contact information.
- [Covid-19 Liability Waiver](#)
- [Covid-19 Athletic Monitoring Form](#)
- **CFC Online Waiver:**  
<https://login.ezfacility.com/OnlineRegistrations/Register.aspx?CompanyID=1262&GroupID=257284>

**All THREE Forms & Online Waiver Listed Above Are REQUIRED at Check-in – Your Athlete will NOT be Admitted Without These Forms**

### Spending Money and other Valuables

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

### Goggles

TOC/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 this event). Please have a discussion with your child before August 9<sup>th</sup>.

**Cancellation Policy:** Any player who must cancel their registration more than fifteen (15) days prior to the event 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 TOC, eCamps will issue camper or parent a voucher less \$150, 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 players who leave 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 session 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 Event Procedures

## Check-In Process

1. Parents are permitted to drop off players between 8:20am – 8:50am via car drop off line.
2. Parents will be directed to the car drop-off area via the parking lot (See Map)
3. Prior to the player exiting the car, parents must provide all the mandatory paperwork.
4. Once your player is cleared to attend, she will be directed to her player spot on the field. This is where she will keep her gear, lunch, water, and personal belongings for each day
5. Staff will be masked and gloved. Players and Parents will wear masks during screening and when they exit vehicle.

## Check-Out Process

1. Players will cool down and stretch at their home base spot. When parents arrive, they have been instructed to bring an 8.5 x 11 CAMPER NAME SIGN. Parents will park in a designated parking sport. Players will be called to pick up area / parent's vehicle one at a time. There will be a pickup area queue for the players with markers keeping them 6 feet apart to prevent congestion in the pickup area.
2. Parents are permitted to pick up campers between 3:50pm-4:10pm...DRIVE CAREFULLY
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
- Intro 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.
- Players will put all their gear, bags, bottles, and belongings in a designated area
- No high fives, handshakes, or celebratory contact.
- No sharing of water bottles/ food/sunscreen
- Staff will make sure to remind players to apply sunscreen & stay hydrated throughout the day
- Staff will wait until all players are gone
- Staff will do a deep clean at the start and end of session of all equipment.

**Group Distancing:** 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.

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

**Cleaning/Social Distancing:** Will use hand sanitizer before and after all breaks. We ask that all campers also bring their own but we will set up our own sanitizer station.

## Lunch

We recommend that each player bring their own lunch in a cooler bag.

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: \_\_\_\_\_

Event 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.

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Signature of Staff or Parent/Guardian

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Printed Name

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Child's Name (if a parent/guardian)

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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.

