



2019 Clinic Confirmation Packet

**ShIPLEY School
Bryn Mawr, PA
August 4th, 2019**

Dear Parents,

Thank you for registering for our 2019 Revolution Field Hockey Top of the Class Clinic! 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 or 800.944.7112.

We look forward to seeing you all at camp this summer!

Best Regards,
Revolution Field Hockey Camp Staff



2019 Top of the Class Clinic

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 Top of the Class Clinic

CHECK-IN

Camp begins with registration at the athletic fields. Campers should plan to arrive by 8:30am. Campers will depart at 4:00pm. Campers should arrive dressed and ready to play each day.

LUNCH

Lunch is provided for Campers ONLY!

PARENT'S SEMINARS

We are delighted to host one parent seminar, which will be available to all of our spectators/parents. We have invited college admissions officers and high school counselors. This will begin at 10:00 am.

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.

HEALTH FORMS

Every camper must have the attached health history and release form filled out in order to participate at the Top of the Class Clinic. This form should be brought to camp and handed in at check in- **please do not mail ahead**. If you are attaching a physical form different than ours, we ask that you attach our health form and use that as the cover page. At minimum, please fill out the contact information and signed parent authorization section.

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!

2019 Top of the Class Clinic

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, but please do not use them 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
- Field Hockey Stick
- Shin guards
- Cleats/ Turf Shoes
- Mouthguard (2x)
- Goggles
- Goalies: Pads, Gloves, Helmet
- Athletic Socks
- Attire: T-Shirts/ Shorts

Travel Accommodations

To be announced, please call the camp office or email support@fhcamps.com

Camp Address (Drop off location)

Please use the following address:

ShIPLEY School
814 Yarrow St, Bryn Mawr, PA 19010
Follow Signs to the Athletic Fields.

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



featuring GRAYS, CRANBARRY & OBO

Revolution Field Hockey Camps Health Record and Release

Every camper must have the attached health history and release form filled out in order to participate at the Top of the Class Clinic. *A physician's signature is required. An attached physicians signed physical form from within two years can be attached to this form as the signature. If you are attaching a physical form different than ours, we ask that you attach our health form and use that as the cover page. At minimum, please fill out the contact information and signed parent authorization section.

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 _____

NOTEAll 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.