

Thank you for registering for the Revolution Softball Camp at  
**(Rutgers University – Newark, NJ)**

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. Feel free to call us with any questions at 800.944.7112 or email us at [support@SummerSoftballCamp.com](mailto:support@SummerSoftballCamp.com). This packet can be downloaded at [www.SummerSoftballCamp.com](http://www.SummerSoftballCamp.com) under "Download Forms".

**Check-In: Full & Half Day Campers**

Check in will take place every day from 8:45am-9am on Monday August 7<sup>th</sup> – Thursday August 10<sup>th</sup> at Alumni field. Please have the camper dressed and ready to play.

**Check-Out: Full & Half Day Campers**

Day Campers are to be picked up at 4pm daily at Alumni Field. Half-Day campers are to be picked up at 12pm at Alumni Field

**Camp Address**

110 Warren Street  
Newark, NJ 07102

**Camp Phone Number**

Revolution Softball Camp Office: 800.944.7112  
Director: Kristen Hunt :203-927-6473

**Health Form**

IMPORTANT! Campers will not be admitted to camp without this form! Revolution Softball Camp Health Form. Please fill out and **bring to check in on the 1<sup>st</sup> day of camp.**

**Health & Safety**

We want to ensure your child a safe and positive environment during their time at camp. Drugs, alcohol and cigarettes are strictly forbidden, and will result in

**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.SummerSoftballCamp.com](http://www.SummerSoftballCamp.com)

immediate dismissal from camp without a refund.

**Key Deposit (For Overnight Campers Only)**

The School requires a **key deposit of \$100** per camper. Please bring a check made out to "Revolution Softball Camps" for \$100. The check will be returned to the camper at the end of camp after they turn in their key.

**Transportation**

Revolution Softball Camps is unable to provide transportation from airports, train stations or bus stops.

**Payments**

Final Payments are due in our office by **May 15<sup>th</sup>**. If you have a balance and would like us to charge it to your credit card, please call us at 800.944.7112.

**Cancellation Policy**

A camp credit will be issued to any camper who must cancel prior to camp. The credit will be for the amount paid by the camper minus the registration fee. It is transferable to another family member and is good through the following summer. Any cancellation within 5 days of the start of camp will result in a camp credit minus \$100 cancellation fee. Camp Credits are not extended to campers who leave camp after the start of a session. **CASH/CREDIT CARD REFUNDS ARE NOT OFFERED UNDER ANY CIRCUMSTANCE.**

## Packing List

- Health Form
- Fan, Dorms are NOT air-conditioned
- Glove, Bat, Helmet, Cleats, Catchers Gear (if Catcher)
- Water Bottle
- Sneakers
- Athletic Socks
- T-Shirts
- Shorts
- Sweatshirt
- Off-Field Clothes
- Pajamas (overnight Only)
- Bedding Linens (overnight Only)
- Blanket/Sleeping Bag (overnight Only)
- Pillow (overnight Only)
- Shower Towel (overnight Only)
- Toiletries (overnight Only)
- Alarm Clock (overnight Only)
- Sunscreen
- Spending Money – we recommend bringing no more than \$50 (overnight Only)
- Key Deposit Check – made out to “Revolution Softball Camps” (overnight Only)
- Bathing Suit & towel TBD
- Hat
- NO TANK TOPS
- Sliding Pads
- Flip Flops/Shower Shoes

## 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 such as iPods and laptop computers. The Revolution Softball Camps are not responsible for the theft or loss of personal items. Please keep cell phones in rooms. They are not to be used during time on the softball field.

## Directions To Rutgers-Newark University Alumni Field

110 Warren Street  
Newark, NJ 07102

Campus Map- <https://www.newark.rutgers.edu/maps-and-directions>

# Revolution Softball Camps Health Record and Release Form

Every camper must have this health record filled out for camp and brought 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 (for camps in CT, MA, NY).

*PLEASE DO NOT MAIL AHEAD.*

Camp Attending: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

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 within the past two years.

Date Examined \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Physician's Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## 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 \_\_\_\_\_

Tuberculin \_\_\_\_\_

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 Softball 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 [www.SummerSoftballCamp.com](http://www.SummerSoftballCamp.com).