



2019 CAMP CONFIRMATION PACKET

University of Bridgeport Bridgeport, CT August 5-8, 2019

Dear Parents,

Thank you for registering for our 2019 Revolution Softball 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 SummerSoftballCamps.com or **800.944.7112**.

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

Best Regards,
Revolution Softball Camp Staff



www.eCamps.com

2019 Revolution Softball Camps

Our Mission

Our summer softball camps are designed for athletes to learn, develop, and enhance their skills in all phases of softball. We provide the opportunity to become better softball players by hiring some of the best coaches and players in the sport today. Our staff is eager to help you improve & develop into the best player possible!

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 & 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 following 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.

Don't Forget to Tell Your Friends!

Space is still available so remember to tell your friends and teammates about the clinic!

They can register over the phone or online a

www.SummerSoftballCamp.com

Thank you for registering for the Revolution Softball Camps at University of Bridgeport- Bridgeport, CT

CHECK-IN:

Day & Extended Day Campers

Check in will be from 12:30pm-1PM on Monday August 5th at dorm TBA. I would urge to show up more towards 1pm as this is mainly for the overnight campers to get situated in the dorm room. Please have the camper dressed and ready to play. Day Campers are to be picked up at 4pm daily. Extended Day campers are to be picked up at 8:30pm except the last day

Overnight Campers

Check in will be from 12:00pm-1pm on August 5th at dorm TBA. Please have the camper dressed and ready to play.

CHECK-OUT:

All Campers

Thursday August 8th at 4pm at the Softball Field. Check out will occur immediately after the closing ceremony at the Field.

CAMP ADDRESS

126 Park Ave, Bridgeport, CT 06604

[CAMPUS MAP CLICK HERE](#)

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.

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. Phone use will be allowed during in the mornings prior to morning session, at lunch, and for overnight camps before and after the evening session. We will still encourage players to minimize their time on devices in order to interact and engage with other campers, but understand they might want the chance to call home, text friends, etc

CAMP PHONE NUMBER

Revolution Softball Camp: **800.944.7112**
Director: **Dawn Stearns 203-494-4644**

HEALTH FORMS

IMPORTANT! Campers will not be admitted to camp without this form! Revolution Softball Camp Health Form. Please fill out and **fax to 203.254.0259, or email to support@summersoftballcamp.com. Make sure to bring it in with you on the first day of camp.**

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.

2019 Revolution Softball 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 Softball and its camp staff are not responsible for lost, stolen or forgotten items.

Packing List

- Health Form
- 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

DIRECTIONS TO CAMP

I-95 South (toward New York): Take Exit 27. At the bottom of the ramp, turn left onto Lafayette Street. At the first light, turn left onto South Frontage Road and bear right. At the next light, turn right (by Harbor Yard Stadium & Arena) onto Broad Street. Proceed approximately one mile south, Broad Street turns right into Waldemere Avenue. At the first stop sign, turn right onto Park Avenue. Go one block and turn right on Linden Avenue. Visitor parking is on left.

I-95 North (toward New Haven): Take Exit 27 and proceed straight off the exit ramp, bear right. At the fourth light, turn right (by Harbor Yard Stadium & Arena) onto Broad Street. Proceed approximately one mile south, Broad Street turns right into Waldemere Avenue. At the first stop sign, turn right onto Park Avenue. Go one block and turn right on Linden Avenue. Visitor parking is on left.

South on Routes 8 and 25: Take Exit 1 (Prospect Street / Myrtle Avenue). Continue straight off the exit ramp until the third traffic light, turn left onto South Frontage Road and bear right. At the third traffic light, turn right (by Harbor Yard Stadium & Arena) onto Broad Street. Proceed approximately one mile south, Broad Street turns right into Waldemere Avenue. At the first stop sign, turn right onto Park Avenue. Go one block and turn right on Linden Avenue. Visitor parking is on left.

Merritt Parkway (Route 15) South (toward New York): Take Exit 52 (South fork) and bear left to Route 8/25 Connector to Exit 1 (Prospect Street / Myrtle Avenue). Continue straight off the exit ramp until the third traffic light, turn left onto South Frontage Road and bear right. At the third traffic light, turn right (by Harbor Yard Stadium & Arena) onto Broad Street. Proceed approximately one mile south, Broad Street turns right into Waldemere Avenue. At the first stop sign, turn right onto Park Avenue. Go one block and turn right on Linden Avenue. Visitor parking is on left.

Revolution Softball Camps Health Record and Release Form

Every camper must have this health record filled out and bring it with them to camp check-in as well as emailed ahead of time. 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 EMAIL ALL FORMS TO SUPPORT@SUMMERSOFTBALLCAMP.COM 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 Signare* _____

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 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.