



Thank you for registering for the Revolution Soccer
Camp
**(Avon Old Farms School
Avon, 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@soccercamper.com.

Day Campers:

Week 1: (August 2 - 5)

First day check-in at overnight dorm, 12pm-1pm for both commuters and overnight campers.

Extended Day campers will check in at 9am after the first day and check out at 8:30pm.

Check Out – Check Out will occur back at the dorms between 11am-12pm.

** Please Note: Guardians/ Parents will be allowed to get campers situated in the dorms, but they are not permitted to observe sessions.*

Address / Field Location

Avon Old Farms School –
500 Old Farms Road
Avon, CT 06001

See Campus Diagram for helpful Drop-Off & Pick Up Location.

Don't Forget to Tell Your Friends!

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

www.SoccerCamper.com

Camp Phone Numbers

Revolution Soccer Camps Office: 800.944.7112

Director: Mike Pilger: 860-424-6932

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

Camp Forms

IMPORTANT! There are 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 Paperwork prior to attending**

Transportation:

Revolution Soccer Camp is unable to provide transportation from airports, train stations or bus stops.

Padlock (For Overnight Campers Only)

The School does not permit the dorm rooms to be locked. There is a closet in the rooms that can be locked with a padlock / combination lock. Campers need to bring their own padlocks as there will not be any available for rent/purchase

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 Avon Old Farms School-Please see the link below for the exact check-in location

[Avon Old Farms School Google Map, CLICK HERE](#)

PACKING LIST

- **Negative Covid Test Result within 3-5 days before the start of camp or proof of fully vaccinated status**
- Sunscreen (SPRAY ONLY)
- Hand Sanitizer & Mask
- Soccer Ball, Shin Guards, Cleats, Ball
- Cleats, Sneakers, and/or Turf shoes (socks 2x)
- ATTIRE: T-Shirt/ Tank, Shorts
- Off Field Clothes (T-shirts, Shorts, Sweatshirts)
- Toiletries, Alarm Clock, Portable Fan (O/N Only)
- Bedding (Twin XL), Blanket, Pillow & Shower Towel
- Key Deposit (TBA) (O/N Only)

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 Soccer Camp is not responsible for the theft or loss of personal items.

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 may be used toward any program or camp offered by eCamps. Vouchers are valid for any eCamps program within the same or next calendar year and are also transferable to another family member. Camp vouchers are not extended to Campers who leave Camp after the start of a session. The \$25 registration fee is non-refundable.

Cash refunds are not offered under any circumstances.

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.

FORMS

- [Health Form \(You can attach recent physical to our Health form for the medical information, but please use it as a cover page for the trainer- Need Dr. Signature\)](#)
- [Covid-19 Liability Waiver](#)
- [Covid-19 Athletic Monitoring Form](#)
- [Administration of Medication Form \(If Needed\)](#)

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

Directions To Avon - <http://www.avonoldfarms.com/page.cfm?p=1819>

From Boston

Take the Massachusetts Turnpike west to Exit 9 (Sturbridge). Follow Interstate 84 through Hartford to Exit 39, Farmington/Route4 (not 39A, which precedes 39).

**Continue straight through the first traffic light. You will be on Route 4 West. At second light (in center of Farmington). Turn right onto Route 10 North (Waterville Road). Continue 3.2 miles. Turn left at traffic light onto Old Farms Road. After traveling 1.5 miles, you will come to an intersection; bear right at the "Y" and continue for 50 yards. Turn right into the main entrance of the School at the Avon Old Farms School sign. Follow signs for Visitor Parking & Admissions Office.

From New York (WEST SIDE):

Take the Hutchinson River Parkway to I-684. Take I-84 East through Danbury and Waterbury. Take Exit 39, Farmington/Route 4, which is a left exit. Proceed as above.

**** From New York (EAST SIDE):**

Take I-95 North to New Haven, then I-91 North toward Hartford. From I-91 take Exit 22 to Route 9 North (in the Cromwell/Middletown area). Continue on Route 9 North until the end. Highway will fork; bear left onto I-84 West (Waterbury) take Exit 39 (Farmington) and proceed as above.

**** From Bradley International Airport:**

Take Route 20 West through East Granby to Granby. At Granby center (5-way intersection at traffic light) turn left onto Routes 10 and 202 South. Follow Rts 10/202 through Simsbury to Avon (approximately 10 miles). At the intersection with Route 44, continue straight across onto Old Farms Road. Proceed 2.5 miles and turn left into the main entrance of the school. Follow signs for Visitor Parking & Admissions Office.

From Points North of Hartford

Take I-91 South to Exit 40 and follow directions, as above, from Bradley International Airport.

Campus Map <https://myatlascms.com/map/?id=1021>

Avon Covid-19 Policies

1. Everyone must be wearing a mask during check in
2. Masks are required for all indoor activities
3. Campers and staff are required to provide either a full vaccination record or negative pcr test take 3-5 days before the start of camp (were double checking if this is for both day and overnight, but it seems like it is)
4. Overnight campers will be given single rooms

NOTICE OF RISKS, INFORMED CONSENT, AND WAIVER REGARDING PROGRAM PARTICIPATION DURING COVID-19

Due to the current pandemic health emergency related to the highly contagious novel coronavirus (“COVID-19”), individuals are invited to participate in the _____ Revolution Soccer Camps _____ [*Name of Camp/Program*] (“Program”), sponsored by **eCamps, Inc** [*Licensee Name*] (“Licensee”), which will be held on the campus located at 500 Old Farms Road, Avon, CT 06001 (the “Facilities”) belonging to Avon Old Farms School (the “School”), only under certain conditions and consistent with all applicable federal and state rules, regulations, orders, guidelines, and guidance from public health officials related to COVID 19. This Notice of Risks, Informed Consent, and Waiver (the “Notice”) relates to individuals’ optional and voluntary participation in the Program, which participation is expected to begin on or around [*Date*] and continue until on or around [*Date*]. The parents or legal guardians (“Parents”) of participating individuals (“Participants”) and the Participant must sign this Notice and return it to the Licensee by *start of camp*.

INFORMATION ABOUT COVID-19

COVID-19 is an illness caused by a virus that can spread from person to person, primarily through respiratory droplets, even among individuals with mild (or no) symptoms or those who do not feel ill. COVID-19 symptoms can range from mild (or no) symptoms to severe illness. Symptoms of COVID-19 may include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, headache, congestion or runny nose, muscle or body aches, sore throat, new loss of smell or taste, nausea or vomiting, and diarrhea. The estimated incubation period is between 2 and 14 days.

COVID-19 is a new disease and there are limited, yet concerning, data and information about the impact of many underlying medical conditions on the risk for severe illness from COVID-19. Severe illness from COVID-19 is defined as that resulting in hospitalization, admission to the intensive care unit (ICU), intubation or mechanical ventilation, or death. Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at highest risk. Additionally, adults of any age with the following conditions **are at increased risk** of severe illness from the virus that causes COVID-19: cancer; chronic kidney disease; COPD; Down Syndrome; certain heart conditions; immunocompromised state from solid organ transplant; obesity and severe obesity; pregnancy; sickle cell disease; smoking; and type 2 diabetes mellitus. Adults of any age with other medical conditions not listed here **might be at increased risk** for severe illness from the virus that causes COVID-19.

While fewer children have been sick with COVID-19 compared to adults, children can be infected with the virus that causes COVID-19, can get sick from COVID-19, and can spread the virus that causes COVID-19 to others. Children, like adults, who have COVID-19 but have mild or no symptoms can still spread the virus to others. Some children can get severely ill from COVID-19 and might require hospitalization, intensive care, or a ventilator to help them breathe. In rare cases, they might die. Babies and children with the following conditions, among others not listed here, might be at increased risk for severe illness: asthma or chronic lung disease; diabetes; genetic, neurologic, or metabolic conditions; sickle cell disease; heart disease since birth; immunosuppression; medical complexity; and obesity.

Importantly, there are now authorized and recommended vaccines to prevent COVID-19, and the **Centers for Disease Control and Prevention (CDC)** recommends getting an authorized COVID-19 vaccine when it is available. However, many people will not have been vaccinated by late spring and summer 2021. In addition, multiple variants of the virus that causes COVID-19 have been documented in the United States during this pandemic. Finally, although COVID-19 vaccines are effective at preventing illness, scientists are still learning how well vaccines prevent people from spreading the virus that causes COVID-19 to others. After exposure, people can be infected with or “carry” the virus that causes COVID-19 but not feel sick or have any symptoms. For this reason, even after vaccination, the CDC recommends that we continue taking precautionary measures to help prevent getting sick as we learn more about how COVID-19 vaccines work in real-world conditions. **The CDC cautions that, in general, the more closely people interact with others and the longer that interaction, the higher the risk of COVID-19 spread. The CDC advises, among other precautionary measures, that everyone two years and older should wear masks in public; stay at least six feet away from others who do not live with them; avoid crowds and poorly ventilated spaces; wash their hands often with soap and water for at least 20 seconds or use a hand sanitizer that contains at least 60% alcohol; cover coughs and sneezes; clean and disinfect frequently touched surfaces daily; monitor their health daily; and stay home and isolate from others when sick. Additional and updated information regarding COVID-19 is available at <https://www.cdc.gov/coronavirus/2019-nCoV/index.html> and <https://portal.ct.gov/Coronavirus>.**

Although the School has required the Licensee to adopt preventative measures consistent with applicable rules, regulations, federal and state orders and guidance, and public health guidance related to COVID-19, the School cannot ensure that Participants and/or their families or others in the Participant’s household will not become infected with COVID-19. Moreover, the School cannot protect against exposure to or infection by COVID-19 that occurs due to the actions, omissions, and/or negligence of others.

INFORMATION ABOUT PROGRAM OPERATION DURING COVID-19

The Program will consist of [*Describe the nature of activities associated with the Program, including whether the camp is a day or overnight camp, the Program schedule and type of events offered throughout the day or week*] (referred to, collectively, as “Program Activities”). The Program and Program Activities are sponsored by the Licensee, NOT by the School. The School has required that the Licensee comply with, and require Participants to comply with, applicable federal, state, and local public health guidance for Program Activities during the COVID-19 pandemic, including but not limited to the implementation of mitigation strategies, such as social distancing, hygiene protocols, and requiring participants to wear masks. However, **because of the nature of the Program Activities and the fact that the Facilities are open for use by other individuals, there is no way to guarantee that individuals will not be exposed to, or become infected by the virus that causes COVID-19, or any other viral or bacterial infection.** In addition, the Connecticut Department of Public Health (DPH) has noted that, because of the environment in which activities take place (e.g., indoors vs. outdoors), community COVID 19 transmission rates, and other factors such as frequency, duration and intensity of contact, certain sports or athletic activities are more likely to promote exposure to the virus that causes COVID-19 through respiratory droplets.

Consistent with public health guidance, Participants will be required to report to the Licensee if they (1) **experience fever or chills, cough, shortness of breath or difficulty breathing, fatigue, headache, congestion or runny nose, muscle or body aches, sore throat, new loss of taste or smell, nausea or vomiting, diarrhea, or (2) have knowingly been exposed to a communicable disease such as COVID-19.** In such circumstances, the Participant will not enter the Facilities for at least two weeks after exposure or until the Participant has met other requirements established by public health authorities and communicated by the Licensee. In addition, if the Participant has been exposed to a suspected or positive case of COVID-19 or has tested positive for COVID-19, **the Participant or the Participant's Parents will promptly notify by email Licensee at charley@ecamps.com and the School at seeberc@avonoldfarms.com.** The Licensee and/or the School may notify the community at large that a participant in the Program has either been exposed to, or has tested positive for, COVID-19 and the date(s) when such member was at the Facilities. In addition, the Licensee or the School may be required by law, or otherwise believe it is prudent, to notify and/or disclose to the local health district and/or government agency such incident/exposure.

INFORMED CONSENT AND WAIVER

We, **[Parents]** and **[Participant]**, understand that the Participant has the opportunity to participate in Program Activities. We understand that Program Activities will be provided according to COVID-19 health and safety protocols which are consistent with current applicable health and safety guidance from federal, state, and local authorities. We understand that the choice to have the Participant attend the Program is voluntary. Before the Participant will be permitted to participate in Program Activities, the School requires that we read the information in this Notice (including the information contained in the websites cited above) and sign below to ensure that we are informed of and understand the risks related to COVID-19 associated with participating in the Program Activities.

In signing below, the Parents attest that we are the parent/guardian of the above-named Participant, and the Parents and Participant attest that we have read the Notice and the websites cited herein, and the Parents and Participants are aware of and shall abide by the Program's COVID-19 Protocols. We understand that there is an inherent risk in the Program Activities and that participation involves risks and dangers, which include, without limitation, the potential for serious bodily injury, sickness, disease, permanent disability, paralysis and death, and loss of damage to personal property or equipment, and other undefined, not readily foreseeable and presently unknown risks and dangers, including those related to COVID-19 (collectively, the "Risks"). We also acknowledge that the health and safety risks posed by COVID-19 cannot be completely eliminated, despite the implementation of reasonable and age-appropriate precautions and protocols. We further understand that there are various factors relevant to determining the level of risk of the potential for COVID-19 transmission involved in any sport or athletic activity and singing and that there is increased potential for spread of potentially infectious respiratory droplets among players engaged in repeated face-to-face contact with exertion. We further understand that there may be risks to the Participant associated with adhering to certain mitigation strategies recommended and/or required by public health authorities and required by the Licensee, such as wearing a face covering mask that completely covers the nose and mouth, including during active play. Finally, given the unknown nature of COVID-19, we understand that it is not possible to list each and every specific risk associated with COVID-19 and that the School, the Licensee, and/or public health officials cannot guarantee that any Participant in the Program or other in-person activities will not come into contact with someone infected by COVID 19 and/or contract such illness.

By opting to allow the Participant to participate in the Program, we agree that the Parents and the Participant will abide by any such health and safety protocols that may be required, such as requiring participants to wear face covering masks that completely cover the nose and mouth (including during active play) and adhering to any applicable quarantine periods. We understand that promoting public health is a shared responsibility and that every member of the community must do his/her part to minimize risks.

In consideration for being allowed to participate in the Program, we fully **ASSUME ALL RISKS**, inherent and otherwise, whether or not described above, in connection with the Participant's participation in the Program Activities, and waive the right to initiate and/or pursue in any manner any and all lawsuits and any other claims in any forum against the School, its board of directors, officers, employees, agents, contractors, and/or assigns (the "Released Parties") for any injury or harm connected to the Participant's participation in the Program Activities. These agreements of assumption of risks and waiver do **NOT** apply if (1) the liability, damage, loss or injury is **CAUSED SOLELY BY THE NEGLIGENCE** of the Released Parties and do not include the negligence or any other act or omission by any other person or entity (such as the Participant, the Parents, or other third parties or independent vendors/contractors); or (2) the liability, damage, loss or injury is **CAUSED BY THE RECKLESS, WANTON or INTENTIONAL MISCONDUCT** of a Released Party. These agreements of assumption of risks and waiver will be construed in accordance with Connecticut law.

We have read and understand the notice above and consent to the Participant participating in Program Activities during the spring and/or summer of 2021.

Parent/Legal Guardian signature Date

Parent/Legal Guardian signature Date

signature Date

Participant

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)

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: _____

My Camper Has Provided a Negative COVID Result within the last 72 hours: (Y / N)

Date: _____ Signature: _____

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.

eCamps Inc. Summer Camp Health Record and Medical Release

Every camper must have this health record filled out and bring it with them to camp check-in. Camps held in CT, MA or NY require this form to be completed and signed by a physician before your child can participate at summer camp. An attached physician's signed physical dated within two years from the start of camp will suffice.

PLEASE DO NOT MAIL AHEAD.

Camp Attending _____

Camper Name _____

Last First Middle Initial

DOB _____ Age _____ Gender _____

Parent/Guardian _____

Address _____

Phone (Home) _____

Phone (Work) _____

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 _____

Does the individual have special needs? YES NO

Explain _____

I've examined the above camper within the past 2 years. YES NO

Date Examined _____

Physician's Signature* _____

Physician's Name _____

Date _____

Address _____

Phone _____

***PHYSICIAN'S SIGNATURE ONLY REQUIRED FOR CAMPS HELD IN CT, MA or NY**

Insurance Information

Health Insurance Provider _____

Policy/ID Number _____

Policy Holder's Name & DOB _____

Insurance Provider Contact: 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) _____

Parent's Authorization

I warrant and represent to eCamps Inc - Revolution Soccer Camps ("RSC") that I am the parent and/or guardian of the above-named participant and that I am authorized to execute this Consent and Release on behalf of my minor child. I hereby request you (RSC) accept this agreement for my child's enrollment in the RSC event(s) listed on this form (Events). In consideration of RSC's acceptance of this agreement, I hereby agree to release, hold harmless, and indemnify RSC, and all of their respective owners, agents, employees, sponsors, representatives and assigns, from and for any and all claims resulting from any injuries or death sustained by my child while participating in the Events, or in traveling to or from the Events. I acknowledge that soccer is a contact sport, and understand that, although rare, there is a risk of serious injury or death associated in playing the sport. I hereby give permission to the coaches, training staff, and other medical professionals to provide medical care as deemed necessary to my child in case of any injury or illness and I agree that I will be financially responsible for the cost of same. I understand that every attempt will be made to contact me, or the emergency contact, before taking this action. I acknowledge and agree that I am responsible for outfitting my child with the appropriate equipment (cleats and shin guards) for the Events, and I agree that my child will wear their equipment at all times during the Events. I also acknowledge that RSC has provided me with a link in the registration packet to further information on concussions in sports.

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 SoccerCamper.com.