



Thank you for registering for the Revolution Soccer  
Camp  
**(Havorford College  
Havorford, PA)**

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](mailto:support@soccercamper.com).

#### **Day Campers:**

Week 1: (July 26 - 29)

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**

Haverford College –  
370 Lancaster Avenue  
Haverford, PA 19041

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

#### **Camp Phone Numbers**

Revolution Soccer Camps Office: 800.944.7112

Director: Alex Nestor:

*\*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.

#### **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 Haverford College-Please see the link below for the exact check-in location**

[Haverford College Google Map, CLICK HERE](#)

### **PACKING LIST**

- **Negative Covid Test Result within 3-5 days before the start of camp regardless of Vaccination 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
- Bedding (Twin XL), Blanket, Pillow & Shower Towel
- Key Deposit (TBA)

### **FORMS**

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

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

### **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.

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: \_\_\_\_\_

Camp Location: \_\_\_\_\_

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## 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.