



Thank you for registering for the Revolution Soccer
Camp
**(Stratton Mountain School
Stratton, VT)**

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: (July 25 - 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

Stratton Mountain School –
7 World Cup Circle

Stratton Mountain, VT 05155

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: Ryan Horan: 304.639.0225

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 Stratton Mountain School-Please see the link below for the exact check-in location

[Stratton Mountain School Google Map, CLICK HERE](#)

PACKING LIST

- **Negative Covid Test Result within 72 hours 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
- Bathing Suit & Towel
- Spending Money for Walks into town

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 recommended that each camper brings \$40 in cash for when we attend the Bromley Adventure Park. We will not be going to Bromley adventure park, but we do plan on taking walks into town so please pack your child with spending money. We recommend that excessive amounts of cash are not 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)

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: _____

Stratton Mountain School

COVID-19 Waiver

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Stratton Mountain School (hereinafter referred to as "SMS") has put in place preventative measures to reduce the spread of COVID-19; however, SMS cannot guarantee that you will not become infected with COVID-19 while attending SMS or while participating in SMS sponsored camps or travel. In fact, attending SMS and using SMS facilities or traveling to and participating in SMS camps off of the SMS campus could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or become infected by COVID-19 by attending SMS and/or traveling to and attending SMS camps or other SMS sponsored activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed or infected by COVID-19 while at SMS or while at an SMS camp, or while participating in SMS sponsored activity, may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SMS employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with attendance at SMS or participation in any SMS programming, formal or informal, including but not limited to SMS Camps or travel or any other SMS sponsored activity.

On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless SMS, its employees, agents, and representatives, of and from any and all Claims, including liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of SMS, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any SMS program.

I also recognize that SMS may be required to cease operations at any point and for any length of time as it seeks to align with evolving government guidance.

High risk populations are strongly encouraged to limit their participation in any SMS sponsored activity. High risk populations include:

- **Persons over 65 years old**
- **Persons of all ages with underlying medical conditions**

In order to participate in any SMS sponsored activity ALL participants must attest to the following: (Check all the

boxes) **I do not have the following COVID-19 symptoms** in the last 24 hours:

- Cough, shortness of breath, sore throat, fever in the past 48 hours
- I have not had a loss of taste or smell, vomiting or diarrhea.

I have **not been in close contact** with a **confirmed case of COVID-19**.

I agree to **wash my hands** for 20 seconds prior to using any SMS facilities or participating in any SMS organized activities or **use hand sanitizer**.

I agree to **social distance by 6'** or more at all times.

I **agree to comply** with these requirements and any and all other policies, including but not limited to capacity limitations, areas of access, protective covering and screening requirements.

I have read the above **Release of Claims** in full and my signature below represents an acknowledgement that I understand each and every component of this **Release of Claims** and that the representations I make herein are true and accurate to the best of my knowledge.

Print Name _____

Sign Name _____

Date _____

Time _____

To be signed by parent/guardian if the participant is under 18 years of age.

Print Name (parent/guardian) _____

Sign Name (parent/guardian) _____

Date _____

Time _____

*I, the above signed, **parent/guardian**, affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to myself, the minor participant regarding any losses the participant may sustain as a result of participation in the activity, and am fully accepting all terms/conditions outlined in this agreement. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.*

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.