



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](mailto:support@soccercamper.com).

**ALL Campers:**

*August 1–4, 2022*

**-Check-in** at dorm, 12pm-1pm for both extended and overnight campers On August 1<sup>st</sup>.

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

**-Check Out** will occur back at the dorms for all campers between 11am-12pm on Thursday August 4th.

*\* 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 –  
744 Old Farms Road  
Avon, CT 06001

**See Campus Diagram for helpful Drop-Off & Pick Up Location- Link on Page 3**

**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: 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.

## **PACKING LIST**

- 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

## **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)
- [Administration of Medication Form](#) (If Needed)
- Avon Stolen Good Waiver (see below)

## **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.

## **Directions To Avon**

### **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 Maps**

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

<http://www.avonoldfarms.com/page.cfm?p=1819>

# Summer Camps

at Avon Old Farms School

## Stolen Goods Policy

Due to the nature of Avon's prep school environment, dormitory room doors do not lock. The outside doors to the dormitories will be locked from 11:30 pm – 6:00 am. The campus tries to foster a sense of community and safety, where everyone's belongings are respected. Unfortunately, from time to time, petty theft does take place. To combat this, each room has a lockable closet or desk drawer for valuables. It is recommended that the camper brings a combination lock from home or rents a combination lock from Avon Old Farms Summer Programs for the duration of his/her stay at camp.

***Summer Camps at Avon Old Farms School and Avon Old Farms School are not responsible for lost or stolen items.***

### Disclaimer and Parental Consent

I, the undersigned, understand that the Summer Camps at Avon Old Farms School and Avon Old Farms School take no responsibility for any personal property lost, stolen or otherwise missing by any camper.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Revolution Soccer 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 (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 \_\_\_\_\_

*PLEASE NOTE: A DOCTORS SIGNATURE IS ONLY REQUIRED FOR CAMPS IN CONNECTICUT, MASSACHUSETTS, AND NEW YORK.*

**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) \_\_\_\_\_

Covid-19 #1 \_\_\_\_\_ #2 \_\_\_\_\_ Booster \_\_\_\_\_

**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 Soccer 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 SoccerCamper.com.