



Thank you for registering for the Revolution Soccer Camp  
**(Settlers Park, Meridian, ID)**

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:**

**July 10-13, 2023**

**Check In-** Monday July 10 from 8:45- 9am at the field. Tuesday-Thursday check in is at 9am.

**Check Out-**

Half Day campers check out daily at 12pm.

Full Day campers check out daily at 4pm.

\*Please bring a bagged Lunch

**Address / Field Location**

3245 N Meridian Rd,  
Meridian, ID 83646

**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)

**Map**

<https://meridiancity.org/parks/current-parks/settlers-park/>

**Camp Phone Numbers**

Revolution Soccer Camps Office: 800.944.7112

Director: Steven Huynh: 971.506.3960

\*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/Health 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.

## **PACKING LIST**

- Sunscreen (SPRAY ONLY)
- Soccer Ball, Shin Guards, Cleats
- Cleats, Sneakers, and/or Turf shoes (socks 2x)
- Water jug – MULTIPLES & Lunch (for full day campers)
- ATTIRE: T-Shirt/ Tank, Shorts

## **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- Does NOT need Dr. Signature)

## **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 \$30 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.

## 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.