



# 2024 CAMP CONFIRMATION PACKET

**University of Washington - Seattle, WA**  
**Session 1: June 23rd - 26th ; Session 2: July 28th-31st**

Dear Parents,

Thank you for registering for our 2024 Revolution Soccer Camp! We hope that this camp will be an unforgettable and exciting opportunity for your camper to improve his or her skills and work with some of the top coaches and players in the game!

This packet is designed to help you prepare for your upcoming camp. Please read this entire packet carefully, as it contains all the forms, important information, and tips you need to set your camper up for a smooth, successful camp experience.

If you have any questions after reviewing this packet please feel free to contact us via email or phone at [Support@SoccerCamper.com](mailto:Support@SoccerCamper.com) or 800.944.7112.

We look forward to seeing you all at camp this summer!

Best Regards,

The Revolution Soccer Staff

# OUR MISSION

The Revolution Soccer Camps were developed to provide young athletes with the opportunity to become better soccer players by providing instruction from the top coaches in a positive and fun atmosphere.

# HEALTH & SAFETY

We want to ensure your child a safe and positive environment during their time at camp. Campers are expected to abide by the camp rules and live by our core values. Drugs, alcohol and tobacco products are strictly forbidden and constitute, along with general misconduct, grounds for dismissal from camp without a refund.

# FINAL PAYMENT

Final Payments are due in our office by May 15th. Any camper with a remaining balance will be prohibited from checking into camp. We do not accept final payments at camp. Final payments can be paid via mail, over the phone, or through your online account. If you are unsure about your balance, please call us at 800.944.7112

# 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.**

# CHECK-IN / CHECK OUT

**Overnight campers:** Check-in Sunday July 28th at 12PM at Willow Hall. Overnight campers will be staying in Madrona Hall. Camp concludes at 4PM on Wednesday. Overnight campers will walk back to Madrona Hall to pick up their belongings and can be picked up from there. Breakfast and lunch are included Monday-Wednesday. Dinner is included Sunday-Tuesday.

**Extended day campers:** Check-in Sunday July 28th at 12PM at Willow Hall. Extended Day campers can be picked up daily at 8:30PM at Madrona Hall. At the conclusion of camp, Extended Day campers can be picked up at 4PM on Wednesday at IMA Turf Field #1. Lunch is included Monday-Wednesday. Dinner is included Sunday-Tuesday.

**Willow Hall:** 4294 Little Canoe Channel NE, Seattle, WA 98195

**Madrona Hall:** 4320 Little Canoe Channel NE, Seattle, WA 98195

**IMA Turf Field #1:** 3200 NE Clark Rd, Seattle, WA 98105

## HEALTH FORMS

Every camper must have the attached health history and release form filled out in order to attend camp. Please upload your health forms to your active.com account before the start of camp and bring in a copy with you to check in.

\*A physician's signature is required on this form ONLY if you are attending a camp in CT, MA or NY. An attached physicians signed physical form from within two years will suffice but we ask you to attach it to our form below as there is a parents waiver and health insurance questions we need filled out. Camps in CT require the 'Administration of Medication' form for any medication brought to camp--this form can be found on [SoccerCamper.com](http://SoccerCamper.com).

## CELL PHONE POLICY

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. Phone use will be allowed during in the mornings prior to morning session, at lunch, and for overnight camps before and after the evening session. We will still encourage players to minimize their time on devices in order to interact and engage with other campers, but understand they might want the chance to call home, text friends, etc.

# CHECKLIST OF THINGS TO BRING

Below is a list of items to bring to camp. We suggest that campers do not bring expensive personal items such as cameras, iPods/iPads, etc. Please label every article you bring to camp. All items will be the responsibility of the camper. Revolution Soccer and its camp staff are not responsible for lost, stolen or forgotten items.

- Sunscreen (SPRAY ONLY)
- 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, Toothbrush and Paste, Alarm Clock, Portable Fan (O/N Only)
- Bedding (twin extra long) or Sleeping bag, towel, and pillow
- Portable Fan (No AC in dorms)
- Snacks or drinks for in between sessions and meals (non perishable)
- Required health forms
- Administration of Medication Form (If Needed)

## CAMP ADDRESS / MAPS

**Willow Hall**: 4294 Little Canoe Channel  
NE, Seattle, WA 98195 ([Click Here](#)).

**Revolution Soccer Camps** - 800-944-7112

**Madrona Hall**: 4320 Little Canoe Channel  
NE, Seattle, WA 98195 ([Click Here](#)).

**Director Info** - Steven Huynh  
971.506.3960

**IMA Turf Field #1**: 3200 NE Clark Rd,  
Seattle, WA 98105 ([Click Here](#)).

**Support@SoccerCamper.com**

## CONTACT US

If you still have remaining questions about camp please call us at 800.944.7112 during our office hours Monday through Friday 9am-5pm. If we are not able to take your call please leave us a message and we will get back to you as soon as possible. We can also be reached by email at [Support@SoccerCamper.com](mailto:Support@SoccerCamper.com).

**YOU CAN ATTACH A MOST RECENT PHYSICAL TO THIS FORM BUT WE STILL NEED THE INSURANCE INFORMATION AND PARENTS AUTHORIZATION FILLED OUT**

**eCamps Inc. Summer Camp Health Record**

Every camper must have this health record filled out and bring it with them 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 Middle Initial

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

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: \_\_\_\_\_

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 with in the past two years.

Date Examined \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Physician's Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**PLEASE NOTE: DOCTOR SIGNATURE IS ONLY REQUIRED FOR CAMPS IN CT, MA & NY**

**Immunization History (Please List Dates)**

*Copy of Immunization Record Preferable with copy of physical within the last 18 months*

DPT \_\_\_\_\_ Booster \_\_\_\_\_

Meningococcal vaccine (required for grade 7-12)

\_\_\_\_\_

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 eCamps Inc, 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\*\*\*Medication will be checked and kept by the staff. All prescription medications must be in their original case/box with the legible prescription label; including inhalers. The "prescriber's authorization form" must accompany all medication and requires the physician's signature in CT, MA & NY.



### Parental Consent Form

I am the legal guardian of \_\_\_\_\_, and I consent to their participation in the **Revolution Soccer Camps** at the University of Washington for (select all that apply):

- Session #1: 6/23-6/26**
- Session #2: 7/28-7/31**

I acknowledge that my child's voluntary participation in this sport/fitness activity involves inherent hazards and risks of serious personal injury such as, but not limited to, paralysis, brain damage, loss of vision or limb function, permanent scarring, disability and/or death, and I agree to assume those risks outside the control of the University of Washington Staff. I agree to be responsible for assuring that my child has the necessary physical abilities and conditioning to safely participate in this sport.

I understand that UW Recreation or the University of Washington does not provide accident/medical coverage for participants. I further agree that my child has the appropriate accident/medical insurance to provide for the possible future medical expenses which may be required by my child as a result of any injury sustained in participation in these activities.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date