



# 2025 Camp Confirmation Packet

**ROXBURY LATIN SCHOOL**  
**ROXBURY, MA**

***JULY 14 - 16, 2025***

**Dear Parents,**

Thank you for registering for our 2025 Revolution Field Hockey Camp! We hope that this camp will be an unforgettable and exciting opportunity for your camper to improve their skills and work with some of the top coaches 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 fun, smooth, and successful camp experience.

If you have any questions after reviewing this packet, please feel free to contact us via email at [Support@FHCamps.com](mailto:Support@FHCamps.com) or by phone on 800-944-7112.

We look forward to an amazing summer of camp. See you on the field!

Best,  
Revolution Field Hockey Camps

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## CHECK IN & CAMP ADDRESS

**All** campers will check in on the first day of camp (Monday) at 8:30 AM at the entrance of the field. For the remaining days (Tuesday & Wednesday), campers will check in at 8:45 AM at the entrance of the field.

### **ROXBURY LATIN SCHOOL**

101 ST. THERESA AVE,  
BOSTON, MA 02132

## CHECK OUT

**Half day campers** will check out at 12:00 PM (noon) each day.

**Full day campers** will check out at 4:00 PM each day.

## HALF DAY CAMPERS

All half day campers should bring a refillable water bottle, and snacks for the break. Parents can collect their half day campers directly from the turf field where they dropped them off.

## FULL DAY CAMPERS

All full day campers should bring a refillable water bottle and a bagged lunch with plenty of snacks and liquids. Parents can collect their full day campers directly from the turf field where they dropped them off.

**\*\*PLEASE REMEMBER TO PACK SUNSCREEN FOR YOUR CAMPER.**

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## PACKING LIST - DAY CAMP

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

**\*\*ALL CAMPERS MUST BRING THEIR OWN FIELD HOCKEY EQUIPMENT, IT WILL NOT BE PROVIDED.**

### DAY CAMP PACKING LIST

- Health Form
- FH Stick
- Cleats/Sneakers
- Mouthguard
- Shin guards
- Refillable Water Bottle
- Bagged Lunch/Snacks
- Sunscreen
- Medications (if applicable)

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## CONTACT INFORMATION

We understand that there may be times where you will need to get in contact with your camper urgently, or you might need to arrange to collect them from camp earlier than usual. If you need to get in contact with the camp director, please contact us using the information below:

### Camp Office

Support@FHCamps.com

800-944-7112

## RAIN POLICY

Our camp will run rain or shine with safety as our top priority. In the event of inclement weather, we will adjust the schedule as needed to ensure a safe and productive experience for all campers. For any questions regarding weather, please contact us using the information above.

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## 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.

**A physician's signature is required on this form ONLY if you are attending a camp in CT, MA or NY.** For camps in these states, you may attach a copy of a physicians signed physical to our health form as long as it is from the last 18 months.

Camps in CT require the 'Administration of Medication' and 'Individual Camper Care Plan' forms for any medication brought to camp.

### CONCUSSION INFORMATION FOR PARENTS HERE.

#### Health Form Links

Health Form (Required for campers attending camp outside of CT/MA)

Health Form (Required for **ALL campers attending camp in CT/MA**)

Administration of Medication (Required for campers who bring medications)

Individual Camper Care Plan (Required for campers who have additional needs)



\*This camp must comply with the regulations of the Massachusetts Department of Public Health and be licensed by the local board of health. "" As 105 CMR 430. 190(C)

## CELL PHONE POLICY

Use of phones is not permitted during the instructional blocks of camp, including on-field instruction and classroom activities. We feel this will minimize distractions to the learning environment, help to maintain an inclusive atmosphere, and alleviate potential problems that can detract from the overall experience for everyone. This will also ensure we optimize productivity at camp.

Phone use will be allowed during any free time and meals. 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.

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## OUR MISSION

The Revolution Field Hockey Camps were designed to provide young athletes with the opportunity to become better field hockey players by providing instruction from the top coaches in a positive and fun atmosphere.

## HEALTH AND 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 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 PAYEMENT

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.**

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## PARENTAL AUTHORIZATION

Parental authorizations needed for sunscreen (430.163), treatment of mild illness (430.157D), and camper self-administration of certain meds (430.160 F, G, H) epi pen, inhaler, diabetes monitoring and treatment (camper self administration) can be allowed with parent and health care consultant sign off.

### **Sun Protection**

The director will encourage campers and staff to reduce exposure to ultraviolet rays from the sun. Such measures will include, but are not limited to:

- The use of hats
- Using sunscreen with SPF of 25 or greater. Campers are responsible for applying their own sunscreen. Staff will remind campers throughout the day to reapply sunscreen.
- Lip balm with SPF

Campers are kept out of the sun as much as possible. The staff is aware of the time spent in the sun, and will rotate drills specifically to limit exposure to the minimum.



## 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 Field Hockey, 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. 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, Revolution Field Hockey, staff, camp management and sponsors from any liability and for all claims resulting from any injuries or illnesses sustained by my child while at camp. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS A RESULT OF THE SPORT AND CAMP ACTIVITIES. 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 the same. I also acknowledge receipt of concussion information that is provided via link in the confirmation packet.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*NOTE\*\*\***All medication will be checked and kept by the trainer. All prescription medications must be in their original casebox 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 and the Individual Care of Camper Plan forms must accompany all medication for camps in CT. This form is available for download on FHCamps.com.



# Meningococcal Disease and Camp Attendees: Commonly Asked Questions

## ***What is meningococcal disease?***

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the "meninges") that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease may appear suddenly. Fever, severe and constant headaches, stiff neck or neck pain, nausea and vomiting, and rash can all be signs of meningococcal disease. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In the US, about 350-550 people get meningococcal disease yearly, and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long-term neurologic problems, or have seizures or strokes. Less common presentations include pneumonia and arthritis.

## ***How is meningococcal disease spread?***

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

## ***Who is most at risk for getting meningococcal disease?***

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection, and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents and people who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

## ***Are camp attendees at increased risk for meningococcal disease?***

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

## ***Is there a vaccine against meningococcal disease?***

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menveo and MenQuadfi) protects against 4 serotypes (A, C, W, and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease, for age 10 and older.

## ***Should my child or adolescent receive the meningococcal vaccine?***

Different meningococcal vaccines are recommended for a range of age and risk groups. Meningococcal conjugate vaccine (MenACWY) is routinely recommended at age 11-12 years with a booster at age 16 and is required for school entry for grades 7 and 11. In addition, these vaccines may be recommended for additional children with certain high-risk health conditions, such as those described above.

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high-risk conditions may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short-term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child's healthcare provider.

## ***How can I protect my child or adolescent from getting meningococcal disease?***

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene, and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks, or eating utensils with other people, especially if they are ill.
4. contact their healthcare provider immediately if they have symptoms of meningococcal disease.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Divisions of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at <https://www.mass.gov/info-details/school-immunizations>.