



# 2026 Camp Confirmation Packet

## CASTLETON CAMPUS - VTSU Castleton, VT

***JULY 16 - 19, 2026***

**Dear Parents,**

Thank you for registering for our 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

# Camp Confirmation Packet

## OVERNIGHT CAMPERS

### Check In

**Overnight campers** will check in on the first day of camp (Thursday) at the **North House** from **2:00 PM - 3:00 PM**.

### Check Out

**Overnight campers** will check out on the last day (Sunday) at the dorms from **11:30 AM to 12:00 PM**.

### Meals Provided

Breakfast, lunch, and dinner will be provided to your camper. Dinner is the first meal on Thursday, breakfast is the last meal on Monday.

## EXTENDED DAY CAMPERS

### Check In

**Extended day campers** will check in on the first day of camp (Thursday) at the **North House** from **2:45 PM - 3:00 PM**. On the remaining days, arrive from 8:45 AM at the field.

### Check Out

**Extended day campers** will check out **each day** (Thursday-Saturday) directly from the turf field at **8:30 PM**. On Sunday checkout at 11:30 AM at the turf.

### Meals Provided

Lunch and dinner will be provided to your camper. Dinner is the first meal on Thursday, dinner is the last meal on Saturday.

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

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## PACKING LIST - OVERNIGHT 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.**

## OVERNIGHT CAMP PACKING LIST

- Health Forms
- FH Stick
- Cleats/Sneakers
- Mouthguard
- Shin Guards
- Refillable Water Bottle
- Snacks
- Sunscreen
- Medications (if applicable)
- Slides/Flip Flops
- T-Shirts, Tank Tops
- Sweats, Shorts
- Sports Bras, Athletic Socks
- Pajamas
- Bed Linens (Twin XL)
- Shower Supplies
- Portable Fan
- Liquids

**PLEASE DO NOT FORGET TO SUBMIT YOUR HEALTH FORMS. YOU WILL NOT BE ABLE TO ATTEND CAMP WITHOUT THEM.**

# Camp Confirmation Packet

## MEET THE DIRECTOR

### **BELLA KONDI** **Head Coach at** **Castleton University**

- Kondi joins Castleton after serving as Head Coach at Sweet Briar College
- Prior to Sweet Briar, Kondi was Co-Head Coach at Framingham State University
- Kondi has also coached with Seacoast United Field Hockey Club
- Kondi is familiar with New England field hockey and is a native of Canaan, N.H.

## 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

## 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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## CAMP ADDRESS

Campers will remain on campus for the entirety of camp, utilizing the campus facilities, housing, and dining hall. Listed below are the addresses and links to necessary locations on campus:

### Check In Location

#### North House Dorm

104 College Dr, Castleton, VT 05735

### Turf Location

#### Dave Wolk Stadium

432 South St, Castleton, VT 05735

#### GUIDE TO THE CASTLETON CAMPUS

##### 1. Wright House

Admissions

##### 2. Old Chapel

##### 3. Fine Arts Center

Art

Casella Theater

Christine Price Gallery

Music

Theater Arts

Soundings Office

##### 3a. Art Annex

##### 4. Woodruff Hall

Academic Deans' Office

Alumni/Development Office

Business Administration

Marketing/Communications

President's Office

Financial and Registration Services

##### 5. Leavenworth Hall

Communication

Languages

Social Sciences

##### 6. Moriarty House

Coffee Cottage

International Student Office

##### 7. Calvin Coolidge Library

##### 8. President's Home

##### 9. Stafford Academic Center

Information Technology

Education

Mathematics

Media Services

Nursing

##### 10. Jeffords Center

Psychology

Sciences

##### 11. Greenhouse

##### 12. Public Safety

##### 13. Campus Center

Castleton Store

Fireside Café

Mailroom

Student Government Assoc.

Student Life

Wellness Center

Radio Station

##### 14. Huden Dining Hall

##### 15. Spartan Athletic Complex

Athletic Training

Glenbrook Gymnasium

Physical Education

##### 16. Fitness Center

##### 17. Running/Fitness Trail

##### 18. Athletic Fields

##### 19. Dave Wolk Stadium

##### 20. Outdoor Classrooms

##### 21. Castleton Pavilion

##### 22. Facilities Barn

##### 23. Tennis Courts

##### 24. Spartan Arena

##### 25. Castleton Downtown Galleries

##### RESIDENCE HALLS

##### 26. Hoff Hall

Conferences & Events

##### 27. Castleton Hall

##### 28. Ellis Hall

##### 29. Wheeler Hall

##### 30. Morrill Hall

##### 31. Haskell Hall

##### 32. Adams Hall

##### 33. Babcock Hall

##### 34. North, Audet, South Houses

##### PARKING

##### 35. Chapel Lot

##### 36. Fine Arts Center Lot

##### 37. Admissions/Leavenworth Lot

##### 38. Woodruff Lot

##### 39. Stafford Lot

##### 40. Observatory Lot

##### 41. Jeffords Lot - Charging Station

##### 42. Hope Lot

##### 43. Hoff Lot

##### 44. South Street Lot

##### 45. Athletic Complex Lot

##### 46. Campus Center Lot

##### 47. Castleton Lot



Castleton

##### Admissions Office:

86 Seminary Street, Castleton

(800)639-8521 (802)468-1213

TDD Relay: 800-253-0191

info@castleton.edu

##### Conference and Events Office:

802-468-6039

events@castleton.edu

castleton.edu/conferences



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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 \$35 registration fee is non-refundable. **Cash refunds are not offered under any circumstances.**

# Camp Confirmation Packet

## HEALTH FORMS INFO

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' form for any medication brought to camp.

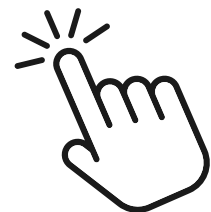
**[CONCUSSION INFORMATION FOR PARENTS HERE.](#)**

## REQUIRED FORMS

[Health Record and Medical Release Form](#)

[Individual Plan of Care for Campers\\*\\*](#)

[Administration of Medication Form\\*\\*](#)



Forms marked \*\* are only required if there is additional information we should know about your campers daily needs.

# 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 \_\_\_\_\_

Turberculin \_\_\_\_\_

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.