



# 2026 Camp Confirmation Packet

## MASSACHUSETTS MARITIME ACADEMY

**Buzzards Bay, MA**

***JULY 13 - 16, 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 (Monday) at 1<sup>st</sup> Company Dorm from **12:00 PM to 12:45 PM**.

### Check Out

**Overnight campers** will check out on the last day (Thursday) 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 Monday, breakfast is the last meal on Thursday.

## EXTENDED DAY CAMPERS

### Check In

**Extended day campers** will check in on the first day of camp (Monday) 1<sup>st</sup> Company Dorm from **12:45 PM - 1:00 PM**. **Check in daily at 8:45 AM at the turf field.**

**Please Note: Do not arrive any earlier than 12:45 PM for check in. There will be a large number of overnight campers checking in with luggage first.**

### Check Out

**Extended day campers** will check out **each day** (Monday-Wednesday) directly from the turf field at **8:30 PM**. **On Thursday, collect at 11:30 AM directly from the turf.**

### Meals Provided

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

**\*\*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)
- Alarm Clock
- Slides/Flip Flops
- T-Shirts, Tank Tops
- Sweats, Shorts
- Sports Bras, Athletic Socks
- Pajamas
- Bed Linens (Twin XL)
- Shower Supplies
- Portable Fan
- Liquids
- Cash for Camp Store

**PLEASE DO NOT FORGET TO SUBMIT YOUR HEALTH FORMS PRIOR TO THE START OF CAMP - YOU WILL NOT BE ABLE TO ATTEND CAMP WITHOUT THEM.**

# Camp Confirmation Packet

## MEET THE DIRECTOR



**CALLIE LEKAS**  
Head Coach at  
Wellesley College

- Head Coach at Wellesley College since 2019; 5 straight NEWMAC Playoff appearances, semifinals in 2021 & 2024
- Former Head Coach at Clark University for 3 seasons
- Former Assistant Coach at Amherst College reach NCAA Elite Eight in 2011

## 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 & Dorm

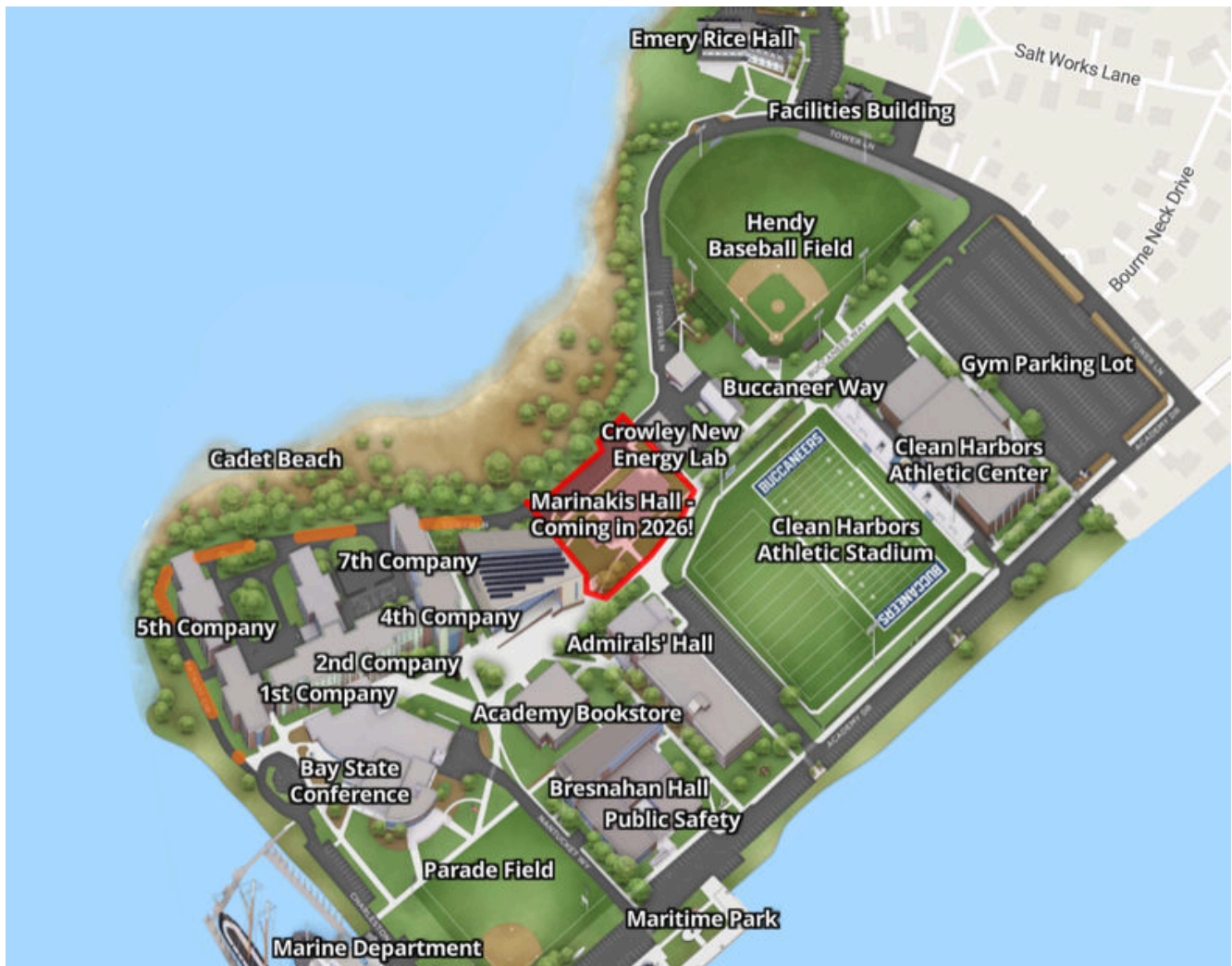
#### **1st Company Dorm**

101 Academy Dr, Buzzards Bay, MA 02532

### Turf Location

#### **Clean Harbors Stadium (Turf Field)**

101 Academy Dr, Buzzards Bay, MA 02532



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## 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.

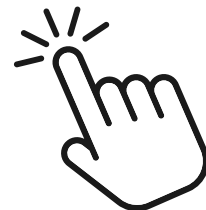
**\*This camp must comply with the regulations of the Massachusetts Department of Public Health and be licensed by the local board of health. ""  
As 105 CMR 430. 190(C)**

## HEALTH FORMS

Health Record and Medical Release Form

Administration of Medication Form\*\*

Individual Plan of Care for Campers\*\*



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

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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.**

# 2025 Camp Confirmation Packet

## 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

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 18 months.

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- Click [HERE](#) for info

(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, the Revolution Field Hockey 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\*\*\*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.

# 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>.