2026 Camp Confirmation Packet

SMITH COLLEGE

Northampton, MA

AUGUST 3-6, 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 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 Lawrence and Morris Dorms 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) at Lawrence and Morris Dorms from **12:45 PM - 1:00 PM.**

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-Thursday) directly from the turf field at **8:30 PM.**

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 SHOULD PLAN TO BRING THEIR OWN FIELD HOCKEY EQUIPMENT.**

OVERNIGHT CAMP PACKING LIST

- Health Forms
- Field Hockey Stick
- Turfs/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
- Toiletries
- Portable Fan
- Liquids

Still Need a Few Camp Essentials?

Camper families receive $10 off at **Instant Replay** using the code: **REVOFH10**

Click here to explore their range and use your discount.

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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
99 Green St,
Northampton, MA 01060

Turf Location
Smith Turf Field
155 West Street,
Northampton, MA 01060

Dorm Location
Lawrence House, 99 Green St, Northampton, MA 01060
Morris House, 101 Green St, Northampton, MA 01063

HEALTH FORMS

Health Record and Medical Release Form

Administration of Medication Form**

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)**

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

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HEALTH FORMS - CREATING ANKORED ACCOUNT

Important Next Step: To Upload Your Health Forms

Soon after registration, you will receive an email from Ankored (support@ankored.com) asking you to activate your account.

PLEASE DO NOT IGNORE THIS EMAIL - IT'S AN IMPORTANT STEP IN YOUR PARTICIPATION PROCESS.

What is Ankored? Ankored is the compliance platform that the Revolution Field Hockey Camp Organization uses to manage all the individual requirements you need to complete in order to participate. All required waivers, forms, documents, and other materials will be collected directly through your Ankored profile.

What You Need To Do:

- Watch for the Ankored activation email (it may arrive in your spam/junk folder)
- Click the activation link to set up your account
- Log in and complete all required forms in a timely manner
- Submit all documents before the deadline to ensure your participation

IMPORTANT: All requirements must be completed through your Ankored profile to participate. Paper forms or other submission methods will not be accepted.

If you have any questions or need assistance with your Ankored account, please don't hesitate to reach out to **support@ankored.com.**

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REQUIRED HEALTH FORMS IN ANKORED

All campers MUST upload the following items to attend camp:

- **"CAMPER PHYSICAL FORM" - Must Upload File**
- **"CAMPER IMMUNIZATION FORM" - Must Upload File**
  - Health Record MUST be completed from the previous 18 months
  - Health Record MUST be signed by your campers physician
  - You can use our form or a standardized form received from the physician and just use our form as a cover page, filling out the parent contact and authorization section
    - IF YOUR CAMPER DOES NOT HAVE A CURRENT HEALTH RECORD ON FILE, THEY WILL BE ASKED TO LEAVE CAMP UNTIL COMPLETED
    - YOU MUST UPLOAD TO YOUR ANKORED ACCOUNT ASAP
- **"CAMP HEALTH FORM - CT" - Must Fill Out Completely in Your Ankored Profile**
  - If your physical indicates that your camper requires medication; including an inhaler, epi-pen, topical, or oral medications you must fill out and upload a **"Authorization of Self-Administration Medication Form"** - This form must be printed, filled out, signed by a parent/guardian and uploaded. Dr signature is not strictly required on this form.
- **Any Campers with Medication**
  - Medication MUST be stored in the original prescriber container and have clear and proper labeling on medication
  - Medication MUST be current
  - Medication CANNOT be past the expiration date
  - Medication MUST be accompanied by Individual Caree Plan, Self-Admin of Medication forms both filled out and signed
  - If any of these conditions are NOT met, your camper will be asked to leave camp
- If your camper self-manages their medication, and can do so while at camp, please complete the Self-Administration form, with parental signature.
- If your camper cannot self-manage/administer their medication, please complete the form, stating "to be administered by camp first-aider".

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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.**

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MEET THE DIRECTOR

JAIME GINSBERG
Head Coach at Smith College

- Coach Ginsberg enters her 18th season as Head Coach at Smith College, with 9 postseason appearances and 29 All-Conference selections
- Led Smith to the 2018 NEWMAC Championship and NCAA Second Round, earning FHCA East Region Coaching Staff of the Year

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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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.

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DISTRIBUTION OF HEALTHCARE POLICIES

Distribution of Health Care Policies to Parents/Guardians

Care of Mildly Ill Campers

Campers who develop a minor illness, including but not limited to headache, stomachache, mild cold symptoms, minor fever, or other non-emergency conditions, will be evaluated by the Health Care Supervisor. Campers may be monitored, provided first aid or supportive care, restricted from activities as appropriate, or placed in the camp health center for observation. Parents/guardians will be notified when symptoms warrant additional evaluation, treatment, early dismissal, or medical follow-up.

Administration of Medications

All medications brought to camp must be provided in their original labeled containers and accompanied by any required authorization forms. Prescription and over-the-counter medications will be stored, administered, documented, and supervised in accordance with the camp's medication administration policy and Massachusetts regulations. Parents/guardians must provide written authorization for any medication administered by camp personnel.

Emergency Health Care Procedures

In the event of a serious illness, injury, or medical emergency, camp staff shall provide immediate first aid and contact the Health Care Supervisor and/or emergency medical services (EMS) as appropriate. Parents/guardians will be notified as soon as reasonably possible of any significant illness, injury, emergency treatment, transport to a medical facility, or hospitalization. Emergency contact and health information provided by parents/guardians will be used to facilitate care and communication during an emergency.

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_____

NOTEMedication 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.

Authorization of Self-Administration Medication Form

This form allows boththe parent/guardian and theprescriber to ensure the camper is capable ofself-administering the medication safely while at camp. ***If your camp requiresany medication while at camp or ICE, you MUST completethis form intotality and present to first aider at check-in with medication.*** All medication MUST be brought to camp in the original container andhave proper pharmacy labelling. If these conditions are not met and paperwork completed, your camper will not be allowed at camp.You MUST also complete an Individual Care Plan available on our website.

Camper Information:

- Camper's Full Name: _____
- Date of Birth _____
-Camper Address: _____
- Parent/Guardian Name: _____
- Parent/Guardian Phone Number: _____
- Parent/Guardian Email: _____

Medication Information:

- Name of Medication: _____
- Dosage: _____
- Time(s) of Administration: _____
- Condition being treated: _____
-Specific Instructions for Medication Administration: _____
- Potential Side Effects_____N_o_n_e_ E_x pected
-Plan to Address Potential Side Effects: _____

Parent/Guardian Authorization for Self-Administration:

☐ I, the undersigned parent/guardian, hereby authorize my child, named above, to self-administer the medication listed above while attending the summer camp program. I understand that my child has been instructed by a healthcare provider on how to properly administer this medication. I am confident in my child's ability to safely and responsibly manage this medication while at camp.

☐ I agree to provide the camp with an adequate supply of the medication, properly labeled, in accordance with camp policy. I also understand that the camp staff may provide assistance if necessary and that the camp will monitor my child's adherence to medication administration as best as possible.

Parent/Guardian Consent:

- Parent/Guardian Signature: _____
- Date: _____
- Relationship to child: _____

Prescriber's Authorization:

☐ I, the undersigned prescribing healthcare provider, authorize the child named above to self-administer the medication as described. I confirm that this child has been educated on the proper use of the medication, including potential side effects, and is capable of administering it independently while at camp. I understand that the camp staff will make reasonable accommodations for the camper's health and safety during the camp session.

- Prescriber's Full Name: _____
- Prescriber's Title: _____
- Prescriber's Contact Information: _____
- Prescriber's Signature: _____
- Date: _____

For Camp Use Only:

- Medication Received: [ ] Yes [ ] No
- Camp Staff Notified: [ ] Yes [ ] No
- Medication Stored Appropriately: [ ] Yes [ ] No

Important Notes:

- **All medications must be brought to camp in their original, pharmacy-labeled container**.
- **Any changes in medication, dosage, or administration must be communicated to the camp immediately.**

Camp First Aider Signature: _____

Medication Administration Record (MAR)

Name of Child _____ Date of Birth _____/_____/_____
Pharmacy Name _____Prescription Number _____
Medication Order _____

Date	Time	Dosage	Remarks	Was This Medication Self Administered?	Signature of Person Observing or Administering Medication (First Aider or Staff Member Resp)
				Yes ☐ No ☐	
				Yes ☐ No ☐	
				Yes ☐ No ☐	
				Yes ☐ No ☐	
				Yes ☐ No ☐	
				Yes ☐ No ☐	
				Yes ☐ No ☐	
				Yes ☐ No ☐	
				Yes ☐ No ☐	
				Yes ☐ No ☐	
				☐ ☐	
				☐ ☐	

*Medication authorization form must be used as either a two-sided document or attached first and second page.

☐ **Authorization form is complete**
☐ **Medication is appropriately labeled**
☐ **Medication is in original container**
☐ **Date on label is current**
☐ **The Individual Care Plan Form is complete**

Person Accepting Medication (print name)_____ Date _____/_____/_____

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.

Provided by the Massachusetts Department of Public Health in accordance with M.G.L. c.111, s.219 and 105 CMR 430.157(C). Reviewed September 2023

Massachusetts Department of Public Health, Divisions of Epidemiology, and Immunization