



# 2026 Camp Confirmation Packet

## THE HUN SCHOOL

### Princeton, NJ

### ***JULY 27 - 30, 2026***

**Dear Parents,**

Thank you for registering for our 2026 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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## OVERNIGHT CAMPERS

### Check In

**Overnight campers** will check in on the first day of camp (Monday) at the **1992 Hall at 12:00 PM.**

### Check Out

**Overnight campers** will check out on the last day (Thursday) at the field at 11:00 AM or at the dorms at 11:15 AM.

### 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 the **1992 Hall at 12:45 PM.**

On the remaining days, campers will check in at the Natale Family Field at 9:00 AM.

### Check Out

**Extended day campers** will check out **each day** (Monday-Wednesday) directly from the turf field at **8:00 PM.**

On the last day, they should be collected from the field at 11:00 AM.

### 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.

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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.**

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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

## 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.

## 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' form for any medication brought to camp.

**CONCUSSION INFORMATION FOR PARENTS HERE.**

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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**

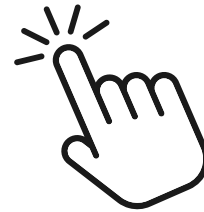
#### **1992 Hall**

186 Edgerstoune Rd, Princeton, NJ 08540

### **Turf Location**

#### **Natale Family Field (Turf Field)**

168 Winant Rd, Princeton, NJ 08540

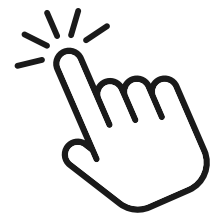


## REQUIRED FORMS

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.

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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.**



## 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.