



CAMP CONFIRMATION PACKET

Brewster Academy **Wolfeboro, NH** **July 18-21, 2022**

Dear Parents,

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

If you have any questions after reviewing this packet please feel free to contact us via email or phone at SummerSoftballCamps.com or **800.944.7112**.

We look forward to seeing you all at camp this summer!

Best Regards,
Revolution Softball Camp Staff



www.eCamps.com

Thank you for registering for the Revolution Softball Camps at Brewster Academy- Wolfeboro, NH

CHECK-IN:

Day & Extended Day Campers

Monday July 18, 12:30pm-1pm at **Smith Athletic Center**

Day Campers are to be picked up at 4pm daily at the softball field except for 12pm on Thursday July 21.

Extended Day campers are to be picked up at 8:00pm daily (except for the last day at 12pm) at the field.

Overnight Campers

Check in will be from 12:00pm-1:00pm on Monday

July 18, at **Smith Athletic Center**

Please have the campers dressed and ready to play.

CHECK-OUT:

All Campers

Thursday July 21st at 12pm at the Softball Field. Check out will occur immediately after the closing ceremony at the Field.

CAMP PHONE NUMBER

Revolution Softball Camp: **800.944.7112**

Director: **Andrew Kurz 603.998.4571**

Spending Money and Other Valuables

It is not recommended that excessive amounts of cash be brought to camp. Please remind your camper to keep any spending money in a secure place.

We also try to discourage campers from bringing electronic devices such as iPods and laptop computers. The Revolution Softball Camps are not responsible for the theft or loss of personal items. Please keep cell phones in rooms. They are not to be used during time on the softball field.

Cell Phone Policy

In order to provide the ideal camper experience, we believe in limiting the use of cell phones and other electronic devices while at camp. Use of phones is not permitted during the instructional blocks of camp, including on-field and classroom sessions. We feel this will minimize distractions to the learning environment, help maintain an inclusive atmosphere and alleviate potential problems that can detract from the overall experience for everyone. Phone use will be allowed during in the mornings prior to morning session, at lunch, and for overnight camps before and after the evening session. 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

IMPORTANT! Campers will not be admitted to camp without this form! Revolution Softball Camp Health Form. Please fill out and **fax to 203.254.0259, or email to support@summersoftballcamp.com. Make sure to bring it in with you on the first day of camp.**

TRANSPORTATION

Revolution Softball Camps is unable to provide transportation from airports, train stations or bus stops.

CAMP ADDRESS

80 Academy Dr,
Wolfeboro, NH 03894

[CAMPUS MAP CLICK HERE](#)

Revolution Softball Camp

Checklist of Things to Bring

Below is a suggested list of items to bring to camp. We suggest that campers do not bring expensive personal items such as cameras, iPods/iPads, etc. Cell phones are allowed in the dorms and dining areas, but not on the field during training sessions. Please label every article you bring to camp. All items will be the responsibility of the camper. Revolution Softball and its camp staff are not responsible for lost, stolen or forgotten items.

Packing List

- [Health Form](#)
- Covid-19 Self Declaration Form (see below)
- Brewster Release Form (see below)
- Full vaccinated & PCR test 48hrs before start of camp. If not vaccinated, need exemption (see below in red.)
- Glove, Bat, Helmet, Cleats (no metal), Catchers Gear (if catcher)
- Water Bottle
- Snacks (no peanut butter)
- Sneakers
- Hat
- Sliding Pads
- Sunscreen
- Shower Towel and Toiletries (overnight only)
- Alarm Clock (overnight only)
- Spending Money - we recommend bringing no more than \$20 (overnight only- \$1's and \$5's - SMALL BILLS)
- Bathing Suit & towel TBD (overnight only)
- Flip Flops/Shower Shoes (overnight only)
- Off-Field Clothes (overnight only)
- Pajamas (overnight only)
- Bedding Linens, Blanket/Sleeping Bag, Pillow (overnight only)
- Athletic Socks, T-Shirts, Shorts, Sweatshirt (overnight only)
- Copy of covid-19 vaccination records
- For campers not fully vaccinated, we need a negative covid-19 test result 48 hours before check in.

COVID-19 POLICY

ALL CAMPERS are REQUIRED to be fully vaccinated & have a Negative PCR Covid Test result within 48hours of Check-In. For those who are not vaccinated, you need a religious or medical exemption which can be obtained by contacting our camp office at 800.944.7112 or Support@SummerSoftball-Camp.com.

Revolution Softball Camps

Our Mission

Our summer softball camps are designed for athletes to learn, develop, and enhance their skills in all phases of softball. We provide the opportunity to become better softball players by hiring some of the best coaches and players in the sport today. Our staff is eager to help you improve & develop into the best player possible!

Core Values

EXCELLENCE - We inspire our campers by providing an unforgettable experience that is the result of a dedicated staff, a progressive instructional curriculum and superior customer service.

FUN - We create lasting memories and friendships at camp by surrounding the campers with a passionate camp staff and a creative daily schedule that fosters meaningful interaction with all campers. We always remember that after all, this is camp!

IMPROVEMENT - We provide a unique opportunity for campers to improve their game through personal attention, setting goals & an energetic staff that is committed to the individual development of each camper.

SAFETY - We promote a safe and healthy camp environment by providing a responsible staff that supervises all camp activities and who are trained to be role models for our campers both on and off the field.

SPORTSMANSHIP - We practice teamwork through leadership opportunities that lead to on-field lessons of integrity, honesty and mutual encouragement.

Don't Forget to Tell Your Friends!

Space is still available so remember to tell your friends and teammates about the clinic! They can register over the phone or online at www.SummerSoftballCamp.com

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 live by 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 Payment

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 can be transferred to a future program or camp within the same calendar year or next calendar year. The voucher is also transferable to another family member and is good for any camp offered by eCamps within one year of the date of purchase. Camp vouchers are not extended to campers who leave camp after the start of a session. Cash refunds are not offered under any circumstances.

If eCamps Sports Network is forced to postpone your child's 2022 summer camp due to the facility being closed or by government mandate, you will receive a camp credit voucher for tuition fees paid (never expires, fully transferable & for any sport).

Revolution Softball Camps Health Record and Release Form

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 (for camps in CT, MA, NY).

PLEASE BRING A COPY WITH YOU TO CHECK IN.

You can attach a most recent physical to this form but we still need the insurance information and parents authorization filled out.

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 two years.

Date Examed _____

Physician's Signare* _____

Physician's Name _____

Today's Date _____

Address _____

Phone _____

*** Physician's signature only required for camps held in CT, MA, or NY**

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): _____

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 the Revolution Softball 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

All medication will be checked and kept by the trainer. All prescription medications must be in their original case/box 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 Form must accompany all medication for camps in CT. This form is available for download on www.SummerSoftballCamp.com.

COVID-19 Self Declaration Form

COVID-19 Self Declaration Form Disclosure of exposure or illness is required in order to ensure the health and safety of the Brewster Academy community and to help prevent a COVID-19 outbreak on campus. This Self Declaration form is for all individuals who will be temporary residents on the Brewster Academy campus during the summer of 2022. This form will be completed by every individual prior to arrival on campus (or immediately upon arrival). Individuals are then required to self-identify should they experience any COVID-19 symptoms. Information collected with this form will remain confidential. Any personal information will not be disclosed unless required by law or with the individual's express consent.

Name: _____

Program: _____

Arrival Date: _____ Departure Date: _____

I have read and agree to comply with the Brewster Summer Covenant.

_____ Check here to confirm

I confirm that I am NOT experiencing any of the following symptoms:

- Fever
- Cough
- Shortness of breath
- Loss of taste or smell
- Headache
- Sneezing
- Runny Nose
- Sore Throat
- Digestive issues (nausea, vomiting, diarrhea, stomach pain)

_____ Check to confirm

If you cannot confirm that you have not experienced two or more of these symptoms, you are NOT ALLOWED TO PARTICIPATE in the planned activity, sports camp, or program.

→ In the last 10 days, I have had COVID-19 _____ YES _____ NO

→ In the last 10 days, I have been in close contact with a person diagnosed with, or suspected of being infected by, COVID-19 _____ YES _____ NO

Relationship: _____

Do you live in the same home? _____ YES _____ NO

Date of last contact: _____

If you answered yes to any of these questions on this form, please contact the camp Director immediately regarding your ability to participate in the program.

I certify that the information provided on this form is accurate and complete. I also acknowledge my understanding of the outlined risk of being a member of a residential community during the COVID-19 pandemic. These risks include the possibility of contracting COVID-19.

Date: _____ Participant Signature: _____

Participant Name: _____

Date: _____ Parent/Guardian Signature _____

Parent/Guardian Name: _____

COVID-19 Release, Hold Harmless, Indemnification and Waiver

IMPORTANT: PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. IT IS REQUIRED THAT THIS FULLY SIGNED LEGAL AGREEMENT MUST BE SUBMITTED TO BREWSTER ACADEMY BEFORE ATTENDING ANY CAMP, OR HOSTED PROGRAM.

I (We), the undersigned _____ / _____ *Print name(s) of parent(s) or guardian(s)*, on behalf of ourselves, any other parent or guardian and my/our child _____ *Print name of your child*, (hereinafter "Child") and (collectively hereinafter "Releasees") have chosen to permit my (our) Child, to attend a camp or program hosted on the Brewster Academy campus during the months of June, July, August of 2022 and during the COVID-19 Pandemic. We agree to release, indemnify, hold harmless and waive any legally allowable claim the Releasees may have arising from the COVID-19 virus against Brewster Academy, its officers, agents, independent contractors, volunteers, students, employees and other representatives (hereinafter "Released Parties") as more fully set forth below.

Assumption of Risk: I (We) expressly understand and agree that attendance at any hosted camp or program on the Brewster Academy campus during the COVID-19 Pandemic presents certain risks and dangers to my (our) Child, both serious and minor arising from being exposed to the COVID-19 virus. The novel coronavirus, COVID-19, is a highly infectious, life-threatening disease declared by the World Health Organization to be a global pandemic. COVID-19's highly contagious nature means that contact with others, or contact with surfaces that have been exposed to the virus, can lead to infection. Additionally, individuals who may have been infected with COVID-19 may be asymptomatic for a period of time, or may never become symptomatic at all. Because of its highly contagious and sometimes "hidden" nature, it is currently very difficult to control the spread of COVID-19 or to determine whether, where, or how a specific individual may have been exposed to the disease, including but not limited to it and all other complications related to the COVID-19 virus.

I (We) understand that Brewster Academy has put in place new safety rules and precautions, which may be updated at any time, in order to mitigate the spread of COVID-19. While acknowledging that these rules and precautions may or may not be effective in mitigating the spread of COVID-19, our Child understands those rules and agrees to comply with such rules and precautions which may include, but are not limited to, mask wearing, hand washing, hand sanitizing, and physical distancing. I(We) understand that failing to comply with these rules and precautions is a violation of the Academy's Disciplinary policies and that failing to comply could subject our Child to sanctions up to and including expulsion.

By signing this agreement, I (We) acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify in another, and the inherent risks of exposure to those who may be infected with COVID-19. I (We) voluntarily assume the risk that our Child may be exposed to or infected by COVID-19 by participating in a hosted camp or program on the Brewster Academy campus and that such exposure or infection may result in personal injury, illness, permanent disability, and/or even death. I (We) understand and acknowledge that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19, nevertheless some of the generally understood risks are: acute respiratory failure, pneumonia, acute respiratory distress syndrome, acute liver injury, blood clots, acute cardiac arrest, injury, secondary infection, acute kidney injury, septic shock, disseminated intravascular coagulation, pediatric multisystem inflammatory syndrome and death. I (We) understand that the risk of becoming exposed to or infected by COVID-19 at Brewster Academy may result from the actions, omissions, or negligence of myself and others, including, but not limited to the Release Parties. I (We) recognize that Brewster Academy cannot limit all potential sources of COVID-19 infection.

By signing this agreement, I (We) also acknowledge that no Personal Protective Equipment ("PPE"), including face masks, will be supplied by Brewster Academy. I (We) understand that our Child is required to wear certain PPE pursuant to the Academy's policies. I (We) understand that the use of PPE does not remove all risks of illness, nor does it make it inherently safe to return to campus. No party related to Brewster Academy, including the Released Parties, has made any representations regarding the safety of, or the risks of, returning to campus.

I(We) have relied instead on my (our) own judgment as to whether to undertake the risks. I(We) voluntarily assume full responsibility for any and all risks of illness or injury associated with my exposure to COVID-19. I (We) completely absolve the Released Parties of any and all legal or financial responsibility, including, but not limited to, any personal injury, disability, illness, damage or death from exposure to COVID-19, whether such exposure occurs before, during or after my Child's stay on campus. Also, I (We) agree, on behalf of myself, my personal representatives and heirs, not to make any type of legal or equitable claim on the Release Parties with respect to any exposure I (We or our Child) may have relative to COVID-19, whether or not it arises through the negligence, omission, default or other action of anyone affiliated with Brewster Academy, including fellow students, players or participants.

Indemnification and Hold Harmless: The undersigned, specifically understand that I (We) are responsible, and on behalf of themselves and their Child, agree to indemnify, defend and hold harmless the Released Parties from any action, claim, or demand made by our Child against the Released Parties arising from or related to in any way the COVID-19 virus, whether or not caused by the negligence (active

or passive), an intentional act or any other cause of action including reasonable attorneys' fees and/or any other associated costs.

Release of Claims: In consideration of being allowed to attend a camp or program on the Brewster Academy campus, I (We), my (our) Child, their heirs, executors, administrators, employers, agents, representatives, insurers, and attorneys, hereby release and discharge the Released Parties from any and all legal claims which may arise from or relate to the COVID-19 virus, including but not limited to any negligent act or omission by the Released Parties. I (We) further release and discharge the Released Parties from liability for any accident, illness, injury, loss or damage to personal property, or any other consequence arising or resulting directly or indirectly from the COVID-19 virus. I (We) acknowledge and agree that the Released Parties assume no responsibility for any liability, damage, or injury that may be caused by our Child's negligent or intentional acts or omissions committed prior to, during, or after participation in a camp or program hosted at Brewster Academy, or for any liability, damage or injury caused by the intentional or negligent acts or omissions of any other participant in a camp or program hosted at Brewster Academy, or caused by any other person.

Force Majeure: Brewster Academy may be prevented, restricted by Governmental guidance or order or may decide in its sole discretion, to close campus due to the COVID-19 virus. I(We) agree that our Child shall leave campus within 24 hours after notice from the camp directors. By signing this agreement, I (We) acknowledge the COVID-19 virus may constitute a Force Majeure occurrence and Brewster Academy will not be obligated to keep its campus open to your Child.

Severability: It is understood and agreed that, if any provision of this release or the application thereof is held invalid, the invalidity shall not affect other provisions or applications of this release which can be given effect without the invalid provisions or applications. To this end, the provisions of this release are declared severable.

Governing Law and Venue: This release shall be construed in accordance with, and governed by, the laws of the State of New Hampshire. The venue for any action arising out of this Agreement shall be the Carroll County, State of New Hampshire.

Construction and Scope of Agreement: The language of all parts of this release shall in all cases be construed as a whole, according to its fair meaning and not strictly for or against any party. This release is the only, sole, entire and complete agreement of the parties relating in any way to the subject matter hereof. No statements, promises, or representations have been made by any party to any other, or relied upon, and no consideration has been offered or promised, other than as may be expressly provided herein. This release supersedes any earlier written or oral understandings or agreements between the parties.

This agreement hereby incorporates by reference in its entirety as if fully set forth herein. To the extent there are any conflicting terms and conditions in the incorporated agreements hereto, this document shall control and supersede any such provisions. This agreement shall represent the full and complete agreement between the parties, and any modification of the terms set forth herein shall be effective only if in writing and signed by all parties hereto.

I (We) certify that I (we) have read this document and that I (we) understand and agree to all of the foregoing information, terms, and conditions.

_____/_____
Signature of Parent or Guardian, Date

_____/_____
Signature of Parent or Guardian, Date

Print Name _____

Print Name _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

Street Address: _____

City, State, Zip: _____

_____/_____
Signature of Student, Date

Print Name

IMPORTANT: PLEASE BE SURE TO COMPLETE BOTH PAGES OF THE FORM AND HAVE YOUR CHILD SIGN AND DATE IT AS WELL.