



CONFIRMATION PACKET

Springfield College Showcase Springfield, MA July 6 (July 7th rain backup)

Dear Parents,

This packet is designed to help you prepare for your upcoming showcase. 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 showcase 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/Showcase Staff



www.eCamps.com

Thank you for registering for the Revolution Softball Showcases at Springfield College- Springfield, MA

CHECK-IN: At the softball field.

9:00am-9:30am

CHECK-OUT:

3:30pm

CAMP ADDRESS

263 Alden Street, Springfield, MA 01109

CAMP PHONE NUMBER

Revolution Softball Showcase: **800.944.7112**
Director: **Kate Bowen - 203.947.4177**

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@summerssoftballcamp.com.** **Make sure to bring it in with you on the first day of camp.**

[CAMPUS MAP CLICK HERE](#)

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

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 2021 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 Showcase

Packing List

- [Health Form](#)
- Copy of negative covid-19 test result (within 1 week before the start of camp) or proof of fully vaccinated. Kids 10 and under do not need a test
- [SC Health Questionnaire](#)
- [SC School Close Contact Waiver](#)
- [eCamps Covid Liability Waiver](#)
- [Health Monitoring Form](#)
- Glove, Bat, Helmet, Cleats, Catchers Gear (if catcher)
- Water Bottle
- Sunscreen
- Hat
- Sliding Pads
- Sneakers
- Lunch and snack (no peanut butter)

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.

DIRECTIONS TO SHOWCASE

From the East or West - [View the Map](#) / [Get Driving Directions](#)

Take the Massachusetts Turnpike, Interstate 90, to Exit 4 to merge onto Interstate 91 South. Follow 91 South to Exit 4 (Route 83/East Longmeadow). At the light at the bottom of the ramp, turn left, following signs for 83 South. At the immediate light after the underpass, bear right onto Longhill Street, following signs for 83 South. At the first light (top of Longhill), turn left onto Sumner Avenue. After two miles, turn left onto Roosevelt Avenue. Continue through two traffic lights, then bear left at the stop sign. Half a mile after the stop sign, cross a bridge and turn left onto Alden Street.

From the North - [View the Map](#) / [Get Driving Directions](#)

Take Interstate 91 South to Exit 4 toward Route 83 East Longmeadow. At the bottom of the ramp, at the lights, turn left, following signs to 83 South. At the immediate light after the underpass, bear right, following signs for 83 South onto Longhill St. Turn left onto Sumner Ave. After two miles, turn left onto Roosevelt Avenue. Continue through two traffic lights, then bear left at the stop sign. Half a mile after the stop sign, cross a bridge and turn left onto Alden Street.

From the South - [View the Map](#) / [Get Driving Directions](#)

Take Interstate 91 North to Exit 2, Route 83. Proceed on Route 83 to the second traffic light and turn right onto Sumner Avenue. After two miles, turn left onto Roosevelt Avenue. Continue through two traffic lights, then bear left at the stop sign. Half a mile after the stop sign, cross a bridge and turn left onto Alden Street.

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 as well as emailed ahead of time. 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 EMAIL ALL FORMS TO SUPPORT@SUMMERSOFTBALLCAMP.COM AHEAD & BRING A COPY WITH YOU TO CHECK IN

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): _____

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.