



2026 CAMP CONFIRMATION PACKET

Quinnipiac University - Hamden, CT
July 19th - July 22nd

Dear Parents,

Thank you for registering for our 2026 Revolution Softball Camp! We hope that this camp will be an unforgettable and exciting opportunity for your camper to improve his or 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 Support@SummerSoftballCamp.com or 800.944.7112.

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

Best Regards,

The Revolution Softball Camps Staff

OUR MISSION

The Revolution Softball Camps were developed to provide young athletes with the opportunity to become better softball players by providing instruction from the top coaches in a positive and fun atmosphere.

HEALTH & 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 twenty-one (21) 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 twenty-one (21) 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. If camp is cancelled due to inclement weather, a camp credit voucher will be given for the time missed. We do not give pro-rated cash/credit card refunds. Cash refunds are not offered under any circumstances.

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CHECK-IN & CHECK OUT

Check In/Out

Overnight: Check in will be from 1pm-1:30pm on Sunday at the front of Perlroth Dorm.

Extended Day: Check in will be from 1:30pm-2pm on Sunday at the front of Perlroth Dorm. After the first day, Campers should be dropped off at 9am and picked up at 8:00pm each day (besides the last day) at the dining hall.

Day: Check in will be from 1:30pm-2pm on Sunday at the front of Perlroth Dorm. After the first day, Campers should be dropped off at 9am and picked up at 5:00pm each day (besides the last day, Wed 12pm) at the softball field.

Check out-

Overnight: Pick up Wed. at Noon at the softball field & then we will walk over to the dorm together.

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 and bring in a copy with you to check in.

*A physician's signature is required on this form ONLY if you are attending a camp in CT, MA or NY. An attached physicians signed physical form from within two years will suffice but we ask you to attach it to our form below as there is a parents waiver and health insurance questions we need filled out. Camps in CT require the 'Administration of Medication' form for any medication brought to camp--this form can be found on SummerSoftballCamp.com.

CELL PHONE POLICY

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.

CHECKLIST OF THINGS TO BRING

Below is a list of items to bring to camp. We suggest that campers do not bring expensive personal items such as cameras, iPods/iPads, etc. 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.

- Glove, bat, helmet, cleats, catchers equipment (if necessary)
- Sneakers, Slides or flip- flops
- Water Jug/Bottle
- Softball pants
- T-shirts, tank tops, sweats, shorts, pajamas, sports bras, and athletic socks
- Bedding linens (extra long twin bed sheet for dorm sized mattress, sheets, blankets etc) & pillows
- Shower supplies- towel, shower shoes, toiletries, toothbrush and paste
- Sunscreen
- Dorms do have AC
- Snacks or drinks for in between sessions & meals (non perishable, NUT FREE)
- Required health forms
- Administration of medication form (if necessary).
- Individual Health Plan (if necessary).

CAMP ADDRESS / MAPS / CONTACT

Quinnipiac University-

275 Mt Carmel Ave
Hamden, CT 06518

Google Map -

[Click Here for Campus Map](#)

Revolution Softball Camp: 800.944.7112

Support@SummerSoftballCamp.com

Primary ON SITE Director:

Kayla Padroff - 860-384-4643

Beyond Camps

347-693-2715

beyondcampsusa@gmail.com

CONTACT US

If you still have remaining questions about camp please call us at 800.944.7112 during our office hours Monday through Friday 9am-5pm. If we are not able to take your call please leave us a message and we will get back to you as soon as possible. We can also be reached by email at Support@SummerSoftballCamp.com.

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HEALTH FORMS - CREATING ANOKORED ACCOUNT

Important Next Step: To Upload Your Health Forms

Soon after registration, you will soon 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 Softball Camp Organization uses to manage all the individual requirements you need to complete in order to coach. 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 camper has any allergy, dietary restrictions, asthma, requires an inhaler, epi-pen or requires any other medications at camp, you will need to complete the **Individual Care Plan** attached to the Camp Health Form - CT document and sign.
 - If you indicate that your camper requires medication or an inhaler, you will be prompted to fill out and upload a **“Authorization of Self-Administration Medication Form”** - This form must be printed, filled out, signed by the physician and reuploaded to the account.
- ***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 Care 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

**YOU CAN ATTACH A MOST RECENT PHYSICAL TO THIS FORM BUT WE
STILL NEED THE INSURANCE INFORMATION FILLED OUT**

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 two years.

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 (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, 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.