



## 2026 CAMP CONFIRMATION PACKET

**South Mercer Playfields - Mercer Island, WA**

**Session 1: June 22nd - June 25th**

**Session 2: July 20th - July 23rd**

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](mailto: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 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.***

# CHECK-IN & CHECK-OUT

**All Campers-** Check in will be Monday from 8:45am-9am at the softball field. After the first day, check in at 9am.

**Half Day Campers** should be picked up daily at 12pm.

**Full Day Campers** should be picked up daily at 3pm.

**\*Lunch is not included. Please bring a bagged lunch**

## 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](http://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
- Sunscreen
- Hat
- Lunch (if full day and is not provided by school)
- Snacks or drinks for in between sessions and meals (non perishable- NO Peanuts)
- Required health forms
- Administration of medication form (if necessary).
- Individual Health Plan (if necessary).

## CAMP ADDRESS / MAPS / CONTACT

### South Mercer Playfields-

8220 SE 78th St, Mercer Island, WA 98040

**Google Map-** [Click Here for Google Map](#)

### **Revolution Softball Camp:**

800.944.7112

**Director:** Steven Huynh

971.506.3960

season2sportscamps@gmail.com

[\*\*Support@SummerSoftballCamp.com\*\*](mailto:Support@SummerSoftballCamp.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](mailto:Support@SummerSoftballCamp.com).

**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 \_\_\_\_\_

\*\*\*NOTE\*\*\*Medication 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.



**City of Mercer Island Parks and Recreation Department  
Participant Assumption of Risk, Waiver, and Release**

**Program: Revolution Softball Camp**

**Summer 2026**

I (we) am/are the parent(s) or legal guardian of the below named minor child(ren) who desires to participate in City of Mercer Island (“City”) Parks and Recreation partnered Summer Camps. It is important to me (us) that my child(ren) be allowed to participate in this activity. I am fully aware that there are special dangers and risks inherent to this activity, including but not limited to, the risk of property damage, the risk of serious personal and physical injury such as sprains, strains, concussions, fractures, and knee or ankle injuries, death, loss, damage or other harmful consequences which may arise directly or indirectly from the child(ren)’s participation in this activity. I am aware and acknowledge that all dangers and risks cannot be prevented, including but not limited to, property damage, physical injury such as sprains, strains, concussions, fractures, and knee or ankle injuries, death, loss, damage, or other consequences that may arise directly or indirectly from the child(ren)’s participation in this activity. Being fully informed as to these risks and in consideration of the City’s allowing my child(ren) to participate in this sponsored activity and/or use of City facilities I (we), on behalf of myself (ourselves) and on behalf of the below name participant child(ren), assume all risk of injury, damage and harm to the child(ren) which may arise from the child(ren)’s participation in the activities or use of City facilities. I (we) further agree, individually and on behalf of the below-named child(ren), to release and hold harmless the City of Mercer Island, its officials, employees, instructors, volunteers and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against them for any personal and physical injury, death, loss, damages or other harmful consequences occurring to the below-named child(ren) or me arising out of the child(ren)’s voluntary participation in this activity. I (we) grant my (our) full and voluntary consent for the below-named child(ren) to participate in the activity described above.

PHOTO/VIDEO RELEASE: I give my permission to have photographs, videos, images, and recordings taken of myself and/or the below named minor child(ren) during City activities and used for any official City documents or website or media account, City-produced videos, advertising and publicity purposes. I further acknowledge that I and my child(ren) will not be compensated for these uses and that the City exclusively owns all rights to photographs, videos, images and recordings, and to any derivative works created from them.

I authorize any necessary emergency medical treatment that might be required for the participant in the event of physical injury and/or accident to the participant while participating in this program/activity.

<b>Participant’s Printed Name</b>	<b>Parent or Guardian Printed Name and Signature</b>	<b>Today’s Date</b>	<b>Emergency Medical Check to agree</b>

