



# University of Washington

Seattle, WA

June 25-28, 2023

Dear Parents,

Thank you for registering for our Revolution Volleyball Camp! We hope that this camp will be an unforgettable and exciting opportunity for your campers to improve their 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 [vbcamper.com](http://vbcamper.com) or **800.944.7112**.

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

Best Regards,  
*Revolution Volleyball Camp Staff*



[www.SportsCamp.com](http://www.SportsCamp.com)

Thank you for registering for the Revolution Volleyball Camps at

# University of Washington Seattle, WA

## CHECK-IN and CHECK OUT:

**All Campers-** Check in will be Sunday June 25th from 12pm-1pm at dorm Willow Hall (we will be staying in McMahan Hall though). After the first day, extended day campers should check in at 9am at the volleyball courts/intramural activities building. Overnight Campers Check out on Wednesday at 4pm.

**Extended Day Campers** should be picked up daily at 8:30pm except on Wednesday at 4pm.

## CAMP ADDRESS

3924 Montlake Blvd NE, Seattle, WA 98105

## CAMP PHONE NUMBER

Revolution Volleyball Camp: 800.944.7112

Director: Steven Huynh - 971.506.3960,

## HEALTH FORMS

IMPORTANT! Campers will not be admitted to camp without this form! Revolution Volleyball Camp Health Form. Please fill it out and make sure to bring it in with you on the first day of camp.

## Cell Phone Policy, Money & 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. 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-court 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 the 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 to interact and engage with other campers, but understand they might want the chance to call home, text friends, etc. The Revolution Volleyball Camps are not responsible for the theft or loss of personal items.

## 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 Volleyball and its camp staff are not responsible for lost, stolen or forgotten items.

## **Packing List**

- [Health Form](#)
- sneakers, knee pads (if you prefer), other volleyball gear
- Water Bottle
- Off court clothes (overnight only)
- Pajamas (overnight only)
- Bedding Linens/sleeping bag (overnight only-Twin XL)
- Pillow (overnight only)
- Shower towel & Toiletries (overnight only)
- NO TANK TOPS
- Sneakers
- Athletic Socks, T-shirts, Shorts (overnight only)
- Snacks (overnight only- no peanut butter)
- Spending Money (overnight only, recommended \$20 small bills)
- Flip Flops (overnight only)

# Revolution Volleyball Camps

## Our Mission

Our summer volleyball camps are designed for athletes to learn, develop, and enhance their skills in all phases of volleyball. We provide the opportunity to become better volleyball 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.vbcamper.com](http://www.vbcamper.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 made 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 summer camp due to the facility being closed or by government mandate, you will receive a camp credit voucher for tuition fees paid good through end of the following year, fully transferable, & for any sport.

# Revolution Volleyball 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 BRING THIS FORM FILLED OUT 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 Examined \_\_\_\_\_

Physician's Signature\* \_\_\_\_\_

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 Volleyball 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.VBCamper.com](http://www.VBCamper.com).