



2025 CAMP CONFIRMATION PACKET

Carroll University - Waukesha, WI
July 6th - 9th

Dear Parents,

Thank you for registering for our 2025 Revolution Volleyball 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@VBCamper.com or 800.944.7112.

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

Best Regards,

The Revolution Volleyball Staff

OUR MISSION

The Revolution Volleyball Camps were developed to provide young athletes with the opportunity to become better volleyball 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 \$30 registration fee is non-refundable.

Cash refunds are not offered under any circumstances.

CHECK-IN / CHECK OUT

Overnight campers: Check-in Sunday at 12PM at North Bergstrom Hall. Overnight campers will be staying in North Bergstrom Hall. Camp concludes at 4PM on Wednesday. Overnight campers can be picked up shortly after at North Bergstrom Hall. Breakfast is included Monday-Wednesday. Lunch is included Monday-Wednesday. Dinner is included Sunday-Tuesday.

Extended day campers: Check-in Sunday at 12PM at North Bergstrom Hall. (9AM every other day at Ganfield Gymnasium. Extended Day campers can be picked up daily at 8:30PM from North Bergstrom Hall. At the conclusion of camp on Wednesday, Extended Day campers can be picked up at 4PM from Ganfield Gymnasium. Lunch is included Monday-Wednesday. Dinner is included Sunday-Tuesday.

North Bergstrom Hall - S East Ave, Waukesha, WI 53186

Ganfield Gymnasium - 221 N Barstow St, Waukesha, WI 53186

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

- Volleyball playing equipment- ball, knee pads, and shoes (sneakers are okay)
- Sneakers
- Slides or flip- flops
- T-shirts, tank tops, sweats, shorts, pajamas, sports bras, and athletic socks
- Bedding linens (extra long twin bed sheet for dorm sized mattress) & pillows
- Shower supplies- towel, shower shoes, toiletries, toothbrush and paste
- Sunscreen
- Portable Fan
- Snacks or drinks for in between sessions and meals (non perishable)
- Required health forms
- Carroll U Waiver - See attached below
- Administration of Medication form (If necessary).
- Individual Camper Care Plan (If necessary).

CAMP ADDRESS / MAPS

North Bergstrom Hall

S East Ave
Waukesha, WI 53186

Ganfield Gymnasium

221 N Barstow St
Waukesha, WI 53186

Revolution Volleyball Camp:

800.944.7112

Director: Steven Huynh 971.506.3960

Support@VBCamper.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@VBcamper.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 _____

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.



Schedule C: Carroll University Consent and Acknowledgement of Risk

High School Name: _____

Participant Name: _____ **Year in school:** _____

Phone #: _____ **email:** _____

IN CONSIDERATION of the right to attend and participate in the program described above, the participant (and, if the participant is a minor, their parent or legal guardian) hereby:

1. Agrees to abide by all rules and regulations established by Carroll University and the Client;
2. Authorizes Carroll University, the Client, or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the participant, in the event of the participant's illness, injury, or incapacity, and hereby accepts the responsibility to pay for such treatment;
3. Grants to Carroll University and/or the Client for any purpose connected with promoting the purposes and goals of Carroll University and/or the Client, but not for commercial exploitation, the right to use the participant's name, voice, and likeness in any writings, photographs, films, and recording of the participant while her or she is participating in the program, and any biographical information submitted by the participant, and to use, reproduce, publish, and distribute the same;
4. Acknowledges that there is an element of risk involved in any activity involving travel outside of one's own home or community; certifies that the participant is physically, mentally, and emotionally capable of attending and participating in the program; assumes all risk of and financial responsibility for any loss or injury to the participant or others that may occur as a result of the participant's negligence or misconduct; and indemnifies and hold harmless Carroll University and the Client harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of suit and actual attorneys' fees incurred or suffered by Carroll University or the Client as a result of, or rising out of, the participant's negligence or misconduct.

This Consent and Acknowledgment of Risk shall not be amended, supplemented, or abrogated without the written consent of Carroll University and the Client.

The participant (and, if the participant is a minor, their parent or legal guardian) has read this Consent and Acknowledgment of Risk, and understands its contents.

Name of Parent or Legal Guardian: _____

Address: _____

Telephone: _____

Signature of Parent or Legal Guardian: _____ Date: _____