# 2025 WINTER CONFIRMATION

## University of Utah - Salt Lake City, UT
## December 27-29, 2025

Dear Parents,

Thank you for registering for our 2025 Revolution Volleyball Winter Clinic! We hope that this winter clinic 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 winter clinic. 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 winter clinic 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 winter!

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 winter clinic 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 the winter clinic without a refund.

# FINAL PAYMENT

Final Payments are due at time of purchase. Any camper with a remaining balance will be prohibited from checking into the winter clinic. We do not accept final payments at the clinic. 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 winter clinic start date will receive a voucher equal to the full amount of winter clinic 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 the winter clinic, eCamps will issue camper or parent a voucher equal to 50% of the winter clinic 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

All campers can check in on the first day at the George S Eccles Student Life Center at 8:45am (rest of the clinic 9am). Full day campers please remember to bring a bagged lunch.

# CHECK-OUT

F**ull Day Campers:** Check out daily at the George S Eccles Student Life Center at 3pm

# 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 the winter clinic 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 the winter clinic. 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
- Sunscreen
- Lunch (for full day campers if not provided by the school)
- Snacks or drinks for in between sessions and meals (non perishable)
- Required health forms
- Administration of Medication form (If necessary)
- Individual Camper Care Plan (If Necessary)

# CAMP ADDRESS / MAPS

**George S Eccles Student Life Center Court Address**

1836 Student Life Way,
Salt Lake City, UT 84112

**Campus Map-** Click Here for Campus Map

**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_____

***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.