2026 CAMP CONFIRMATION PACKET

Virginia Commonwealth University - Richmond, VA
July 19th - July 22nd

Dear Parents,

Thank you for registering for our 2026 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 $35 registration fee is non-refundable.

Cash refunds are not offered under any circumstances.

CHECK-IN & OUT

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

Extended Day Campers: Check-in Sunday at 12PM Gladding Residence Center (9AM every other day at Cary Street Gym). Extended day campers can be picked up daily at 8:30PM from Gladding Residence Center. At the conclusion of camp on Wednesday, extended day campers can be picked up at 4PM from Cary Street Gym. Lunch is included Monday-Wednesday. Dinner is included Sunday-Tuesday.

Cary Street Gym - 101 S Linden St, Richmond, VA 23284
Gladding Residence Center - 711 W Main St, Richmond, VA 23220

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)
- Shower supplies- towel, shower shoes, and toiletries
- Sunscreen
- Portable Fan
- 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

Virginia Commonwealth University
101 S Linden St
Richmond, VA 23284

Campus Map- Click Here for Campus Map

Revolution Volleyball Camps
800.944.7112
Support@VBCamper.com

Director Info: Steven Huynh
971.506.3960
Season2SportsCamps@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@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.