



# 2026 CAMP CONFIRMATION PACKET

**University of San Diego - San Diego, CA**

**Session 1: June 14th - 17th**

**Session 2: July 13th - 16th**

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](mailto: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 / CHECK OUT

**Overnight Campers:** Check-in Sunday at 12PM at Mission Crossroads. Overnight campers will be staying in Valley B Residence (San Juan). Camp concludes at 4PM on Wednesday. Overnight campers can be picked up shortly after at Valley B Residence (San Juan). Breakfast is included Monday-Wednesday. Lunch is included Monday-Wednesday. Dinner is included Sunday-Tuesday.

**Extended Day Campers:** Check-in Sunday at 12PM at Mission Crossroads. (9AM every other day at the Palomar Health Student Wellness Center. Extended Day campers can be picked up daily at 8:30PM from Valley B Residence (San Juan). At the conclusion of camp on Wednesday, Extended Day campers can be picked up at 4PM from the Palomar Health Student Wellness Center. Lunch is included Monday-Wednesday. Dinner is included Sunday-Tuesday.

Valley B Residence (San Juan), San Diego, CA 92111

Palomar Health Student Wellness Center - 5998 Alcalá Park Way, San Diego, CA 92110

## 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 (AC in dorms)
- 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).
- USD Liability Waiver - See below

## CAMP ADDRESS / MAPS

Valley B Residence (San Juan).  
San Diego, CA 92111

Palomar Health Student Wellness Center  
5998 Alcala Park Way  
San Diego, CA 92110

**Revolution Volleyball Camp:**  
800.944.7112

**Director: Steven Huynh** 971.506.3960  
season2sportscamps@gmail.com

**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.

**UNIVERSITY OF SAN DIEGO SUMMER PROGRAM  
AGREEMENT AND RELEASE OF LIABILITY FOR YOUTHS**

**Activity: University of San Diego Summer Program**

**Summer 2026**

*Location: Can be single or multiple locations, on and/or off the USD campus (see Program Information)*

**Youth's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State/Zip Code** \_\_\_\_\_

**Program Enrolled In:** \_\_\_\_\_

**Dates of Program:** \_\_\_\_\_

Youth participant's parent or legal guardian should complete and sign this Agreement if Participant is under the age of 18.

I, the undersigned (or parent/guardian, if Participant is under 18 years old), understand that this is a legally binding agreement and release of liability of the University of San Diego (USD).

I/Participant requests permission to participate in a Summer Program at USD as identified above. In consideration of permission being granted to me/Participant to participate in the program activities, I agree as follows:

1. **Voluntary Activity** I understand and agree that my/Participant's participation in the camp activities is purely voluntary and is not required by USD.
2. **Release of Liability** I, on behalf of myself/Participant, my/Participant heirs, personal representatives, guardians, successors, and assigns, hereby release USD and its administrators, faculty, trustees, officers, directors, employees, volunteers, coaches, athletic trainers, team physicians, and agents, as well as any other organization through which Participant is participating in the camp activities and their respective employees and agents (all of whom are referred to as "Releasees") from, and agree not to sue Releasees, for any claims, loss, liability, demands, causes of action, costs, expenses (including but not limited to attorneys' fees), damages or suits of any type, whether in law or in equity, that I/Participant may have arising from, or relating in any way (directly or indirectly) to my/Participant's participation in the program activities, including without limitation any physical, emotional or mental injury, including those that are COVID related, or property damage that I/Participant may suffer as a result of my/Participant's participation in the program activities, to the maximum extent permitted by law.
3. **Acknowledgment of Risk** I recognize and appreciate the dangers, hazards, and risks associated with participation in the camp activities. I understand that the dangers, hazards, and risks of the camp activities could include serious or even fatal injuries and property damage. I acknowledge that I have fully considered the dangers, hazards, and risks associated with my/Camper's participation in the camp activities, and voluntarily assume those dangers, hazards, and risks. I give my consent and approval for my/Camper's participation in the camp activities.
4. **Emergency Medical Treatment** I understand and agree that USD does not have medical personnel available at the location of the camp activities. I hereby grant USD permission to authorize emergency medical treatment, if necessary, and to transport me/Camper to an appropriate facility to receive emergency medical treatment, and that such action shall be subject to the terms of this Agreement. I understand and agree that USD assumes no responsibility for any injury or damages which might arise out of, or in connection with, such authorized emergency medical treatment.
5. **Fitness to Participate** I hereby represent that I am/Camper is physically and mentally able to participate in the camp activities and that I have/Camper has no health problems or physical or mental conditions that would present a risk to me/Camper or to others. I hereby agree to adhere to the USD Summer Youth Camp COVID protocols.
6. **Insurance** I represent that I am/Camper is covered by a comprehensive medical plan (health insurance) necessary to provide and pay for any and all medical costs (including but not limited to transportation costs associated with obtaining medical care) and/or I will assume all responsibility for medical costs incurred as a result of illness and/or as a result of my/Camper's participation in the camp activities. I agree to pay for any costs related to my/Camper's medical treatment that are not covered by insurance or if I have/Camper has no medical insurance.

7. **Photographs** I consent to the use by USD of any photographs of me/Camper for publicity, promotion, advertising, or other legitimate purposes.

I acknowledge that I have carefully read this Agreement and fully understand its contents. I acknowledge that I am voluntarily executing this Agreement of my own free will after having the opportunity to consult with legal counsel of my own choosing. I understand that this Agreement means I am/Camper is giving up, among other things, rights to sue USD and Releasees for injuries, damages or losses I/Camper may incur. I also understand that this release binds me/Camper, as well as my/Camper's heirs, executors, administrators, and assigns. I further acknowledge and understand that this Agreement will absolve and release the University of San Diego and Releasees from any liability in connection with any injury or harm suffered as a result of my/Camper's participation in the camp activities. I acknowledge that I have been made aware of any and all risks of participation in the camp activities.

I have read and understand that this Agreement is a release of legal rights and claims.

I further state that I am the Camper's parent/guardian and am fully competent to sign this Agreement; and that I execute this Agreement for full, adequate, and complete consideration fully intending for myself, for the Camper, and for the Camper's family, estate, heirs, administrators, personal representatives, or assigns to be bound by same.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(required if under 18 years of age)

Parent/Guardian Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_