



# 2021 Camp Confirmation Packet

**Hopkins School  
New Haven, CT  
July 12 - 15, 2021**

Dear Parents,

Thank you for registering for our 2021 GameBreaker Lacrosse 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@LaxCamps.com](mailto:support@LaxCamps.com) or 800.944.7112.

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

Best Regards,  
The GameBreaker Lacrosse Camp Staff



# 2021 GameBreaker Lacrosse Camp



## Our Mission

The GameBreaker Lacrosse Camps were developed to provide young athletes with the opportunity to become better lacrosse players by providing instruction from the top coaches in a positive and fun atmosphere.

## 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 and 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.

## 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 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

In the event of a camper having to withdraw prior to the start of the session for any reason, a full camp credit of all camp tuition paid will be offered if the cancellation is up to five days before camp's start date. If the camper cancels within five days of the start of camp, regardless of reason, a camp credit will be given for the amount paid less \$100. The credit is transferable to another family member and is good through the following season. There will be no credit offered for cancellations after the start of the camp session or for campers who leave camp early. Cash refunds are not offered under any circumstances. For families with a credit, there is no guarantee that camps will be held in the same location each year.

# 2021 GameBreaker Lacrosse Camp



## CHECK-IN

8:45 am on the first day at the athletic fields. Campers should be dressed and ready to play upon arrival each day.

Don't forget to bring lunch!

## PICK-UP

Pick up will be at 3pm each afternoon at the dropoff location. Half day campers will be picked up at Noon. We suggest that half day campers pack a small snack.

## HEALTH FORMS

Every camper must have the attached health history and release form filled out in order to attend camp. This form should be brought to camp and handed in at check in- **please do not mail ahead.**

### [CONCUSSION INFORMATION FOR PARENTS](#)

\*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. Camps in CT require the 'Administration of Medication' form for any medication brought to camp--this form can be found on [LaxCamps.com](http://LaxCamps.com)

### *Don't Forget to Tell Your Friends!*

Camp can be even more fun with a friend. Space is still available,  
so remember to tell your  
teammates to check out this session at [LaxCamps.com](http://LaxCamps.com)!

# 2021 GameBreaker Lacrosse Camp



## Cell Phone Policy

In order 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-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 suggested 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. GameBreaker Lacrosse and its camp staff are not responsible for lost, stolen or forgotten items.

- Health Form
- BOYS: Lacrosse Stick, Helmet, Pads
- GiIRLS: Lacrosse Stick, goggles
- Cleats, sneakers
- Mouthguard
- Lunch/Snack
- COVID Waivers

## Camp Address (Drop off location)

Please use the following address:

Hopkins School  
986 Forest Rd,  
New Haven, CT 06515  
[Directions/Map](#)

Need Gear for Camp? Check out [Lax.com!](http://Lax.com!)



# GameBreaker Lacrosse Camps Health Record and Medical Release

Every camper must have this health record filled out and bring it with them to camp check-in. Camps held in CT, MA or NY require this form to be completed and signed by a physician before your child can participate at summer camp. An attached physician's signed physical dated within two years from the start of camp will suffice.

**PLEASE DO NOT MAIL AHEAD.**

Camp Attending \_\_\_\_\_

Camper Name \_\_\_\_\_

Last First Middle Initial

DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

## 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) \_\_\_\_\_

## Health History

\_\_\_\_ May Participate in all camp activities

\_\_\_\_ May participate except for \_\_\_\_\_

Does this individual have allergies? YES NO

Explain \_\_\_\_\_

Does the individual have special needs? YES NO

Explain \_\_\_\_\_

I've examined the above camper within the past 2 years. YES NO

Date Examined \_\_\_\_\_

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

Physician's Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**\*PHYSICIAN'S SIGNATURE ONLY REQUIRED FOR CAMPS HELD IN CT, MA or NY**

## Insurance Information

Health Insurance Provider \_\_\_\_\_

Policy/ID Number \_\_\_\_\_

Policy Holder's Name & DOB \_\_\_\_\_

Insurance Provider Contact: Phone \_\_\_\_\_

## Parent's Authorization

I warrant and represent to GameBreaker Lacrosse ("GBL") that I am the parent and/or guardian of the above-named participant and that I am authorized to execute this Consent and Release on behalf of my minor child. I hereby request you (GBL) accept this agreement for my child's enrollment in the GBL event(s) listed on this form (Events). In consideration of GBL's acceptance of this agreement, I hereby agree to release, hold harmless, and indemnify GBL, and all of their respective owners, agents, employees, sponsors, representatives and assigns, from and for any and all claims resulting from any injuries or death sustained by my child while participating in the Events, or in traveling to or from the Events. I acknowledge that lacrosse is a contact sport, and understand that, although rare, there is a risk of serious injury or death associated in playing the sport. I hereby give permission to the coaches, training staff, and other medical professionals to provide medical care as deemed necessary to my child in case of any injury or illness and I agree that I will be financially responsible for the cost of same. I understand that every attempt will be made to contact me, or the emergency contact, before taking this action. I acknowledge and agree that I am responsible for outfitting my child with the appropriate equipment (stick, gloves, elbow pads, shoulder pads, mouth guard and helmet) for the Events, and I agree that my child will wear their helmet at all times during the Events. I also acknowledge that GBL has provided me with a link in the registration packet to further information on concussions in sports.

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 LaxCamps.com.

## NOTICE OF RISKS, INFORMED CONSENT, AND WAIVER REGARDING PROGRAM PARTICIPATION DURING COVID-19

Due to the current pandemic health emergency related to the highly contagious novel coronavirus (“COVID-19”), individuals are invited to participate in the **Gamebreakers Lacrosse Camp** (“Program”), sponsored by **eCAMPS, INC.** (“Licensee”), which will be held on the campus located at 986 Forest Road, New Haven, CT 06515 (the “Facilities”) belonging to Hopkins School, Incorporated (the “School”), only under certain conditions and consistent with all applicable federal and state rules, regulations, orders, guidelines, and guidance from public health officials related to COVID-19. This Notice of Risks, Informed Consent, and Waiver (the “Notice”) relates to individuals’ optional and voluntary participation in the Program, which participation is expected to begin on or around July 12, 2021 and continue until on or around July 15, 2021. The parents or legal guardians (“Parents”) of participating individuals (“Participants”) and the Participant must sign this Notice and return it to the Licensee by July 9, 2021.

### INFORMATION ABOUT COVID-19

COVID-19 is an illness caused by a virus that can spread from person to person, primarily through respiratory droplets, even among individuals with mild (or no) symptoms or those who do not feel ill. COVID-19 symptoms can range from mild (or no) symptoms to severe illness. Symptoms of COVID-19 may include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, headache, congestion or runny nose, muscle or body aches, sore throat, new loss of smell or taste, nausea or vomiting, and diarrhea. The estimated incubation period is between 2 and 14 days.

COVID-19 is a new disease and there are limited, yet concerning, data and information about the impact of many underlying medical conditions on the risk for severe illness from COVID-19. Severe illness from COVID-19 is defined as that resulting in hospitalization, admission to the intensive care unit (ICU), intubation or mechanical ventilation, or death. Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at highest risk. Additionally, adults of any age with the following conditions **are at increased risk** of severe illness from the virus that causes COVID-19: cancer; chronic kidney disease; COPD; Down Syndrome; certain heart conditions; immunocompromised state from solid organ transplant; obesity and severe obesity; pregnancy; sickle cell disease; smoking; and type 2 diabetes mellitus. Adults of any age with other medical conditions not listed here **might be at increased risk** for severe illness from the virus that causes COVID-19.

While fewer children have been sick with COVID-19 compared to adults, children can be infected with the virus that causes COVID-19, can get sick from COVID-19, and can spread the virus that causes COVID-19 to others. Children, like adults, who have COVID-19 but have mild or no symptoms can still spread the virus to others. Some children can get severely ill from COVID-19 and might require hospitalization, intensive care, or a ventilator to help them breathe. In rare cases, they might die. Babies and children with the following conditions, among others not listed here, might be at increased risk for severe illness: asthma or chronic lung disease; diabetes; genetic, neurologic, or metabolic conditions; sickle cell disease; heart disease since birth; immunosuppression; medical complexity; and obesity.

Importantly, there are now authorized and recommended vaccines to prevent COVID-19, and the **Centers for Disease Control and Prevention (CDC)** recommends getting an authorized COVID-19 vaccine when it is available. However, many people will not have been vaccinated by late spring and summer 2021. In addition, multiple variants of the virus that causes COVID-19 have been documented in the United States during this pandemic. Finally, although COVID-19 vaccines are effective at preventing illness, scientists are still learning how well vaccines prevent people from spreading the virus that causes COVID-19 to others. After exposure, people can be infected with or “carry” the virus that causes COVID-19 but not feel sick or have any symptoms. For this reason, even after vaccination, the CDC recommends that we continue taking precautionary measures to help prevent getting sick as we learn more about how COVID-19 vaccines work in real-world conditions. **The CDC cautions that, in general, the more closely people interact with others and the longer that interaction, the higher the risk of COVID-19 spread. The CDC advises, among other precautionary measures, that everyone two years and older should wear masks in public; stay at least six feet away from others who do not live with them; avoid crowds and poorly ventilated spaces; wash their hands often with soap and water for at least 20 seconds or use a hand sanitizer that contains at least 60% alcohol; cover coughs and sneezes; clean and disinfect frequently touched surfaces daily; monitor their health daily; and stay home and isolate from others when sick. Additional and updated information regarding COVID-19 is available at <https://www.cdc.gov/coronavirus/2019-nCoV/index.html> and <https://portal.ct.gov/Coronavirus>.**

Although the School has required the Licensee to adopt preventative measures consistent with applicable rules, regulations, federal and state orders and guidance, and public health guidance related to COVID-19, the School cannot ensure that Participants and/or their families or others in the Participant’s household will not become infected with COVID-19. Moreover, the School cannot protect against exposure to or infection by COVID-19 that occurs due to the actions, omissions, and/or negligence of others.

### INFORMATION ABOUT PROGRAM OPERATION DURING COVID-19

The Program will consist of a day camp with individual and group activities designed to teach the fundamentals of the game of lacrosse (referred to, collectively, as “Program Activities”). The Program and Program Activities are sponsored by the Licensee, NOT by the School. The School has required that the Licensee comply with, and require Participants to comply with, applicable federal, state, and local public health guidance for Program Activities during the COVID-19 pandemic, including but not limited to the implementation of mitigation strategies, such as social distancing, hygiene protocols, and requiring participants to wear masks. However, **because of the nature of the Program Activities and the fact that the Facilities are open for use by other individuals, there is no way to guarantee that individuals will not be exposed to, or become infected by the virus that causes COVID-19, or any other viral or bacterial infection.** In addition, the Connecticut Department of Public Health (DPH) has noted that, because of the environment in which activities take place (e.g., indoors vs. outdoors), community COVID-19 transmission rates, and other factors such as frequency, duration and intensity of contact, certain sports or athletic activities are more likely to promote exposure to the virus that causes COVID-19 through respiratory droplets.

Consistent with public health guidance, Participants will be required to report to the Licensee if they (1) **experience fever or chills, cough, shortness of breath or difficulty breathing, fatigue, headache, congestion or runny nose, muscle or body aches, sore throat, new loss of taste or smell, nausea or vomiting, diarrhea, or (2) have knowingly been exposed to a communicable disease such as COVID-19.** In such circumstances, the Participant will not enter the Facilities for at least two weeks after exposure or until the Participant has met other requirements established by public health authorities and communicated by the Licensee. In addition, if the Participant has been exposed to a suspected or positive case of COVID-19 or has tested positive for COVID-19, **the Participant or the Participant’s Parents will promptly notify by email Licensee at \_\_\_\_\_ and the School at kwich@hopkins.edu.** The Licensee and/or the School may notify the community at large that a participant in the Program has either been exposed to, or has tested positive for, COVID-19 and the date(s) when such member was at the Facilities. In addition, the Licensee or the School may be required by law, or otherwise believe it is prudent, to notify and/or disclose to the local health district and/or government agency such incident/exposure.

INFORMED CONSENT AND WAIVER

We, \_\_\_\_\_ [Parents] and \_\_\_\_\_ [Participant], understand that the Participant has the opportunity to participate in Program Activities. We understand that Program Activities will be provided according to COVID-19 health and safety protocols which are consistent with current applicable health and safety guidance from federal, state, and local authorities. We understand that the choice to have the Participant attend the Program is voluntary. Before the Participant will be permitted to participate in Program Activities, the School requires that we read the information in this Notice (including the information contained in the websites cited above) and sign below to ensure that we are informed of and understand the risks related to COVID-19 associated with participating in the Program Activities.

**In signing below, the Parents attest that we are the parent/guardian of the above-named Participant, and the Parents and Participant attest that we have read the Notice and the websites cited herein, and the Parents and Participants are aware of and shall abide by the Program’s COVID-19 Protocols. We understand that there is an inherent risk in the Program Activities and that participation involves risks and dangers, which include, without limitation, the potential for serious bodily injury, sickness, disease, permanent disability, paralysis and death, and loss of damage to personal property or equipment, and other undefined, not readily foreseeable and presently unknown risks and dangers, including those related to COVID-19 (collectively, the “Risks”). We also acknowledge that the health and safety risks posed by COVID-19 cannot be completely eliminated, despite the implementation of reasonable and age-appropriate precautions and protocols. We further understand that there are various factors relevant to determining the level of risk of the potential for COVID-19 transmission involved in any sport or athletic activity and singing and that there is increased potential for spread of potentially infectious respiratory droplets among players engaged in repeated face-to-face contact with exertion. We further understand that there may be risks to the Participant associated with adhering to certain mitigation strategies recommended and/or required by public health authorities and required by the Licensee, such as wearing a face covering mask that completely covers the nose and mouth, including during active play. Finally, given the unknown nature of COVID-19, we understand that it is not possible to list each and every specific risk associated with COVID-19 and that the School, the Licensee, and/or public health officials cannot guarantee that any Participant in the Program or other in-person activities will not come into contact with someone infected by COVID-19 and/or contract such illness.**

By opting to allow the Participant to participate in the Program, we agree that the Parents and the Participant will abide by any such health and safety protocols that may be required, such as requiring participants to wear face covering masks that completely cover the nose and mouth (including during active play) and adhering to any applicable quarantine periods. We understand that promoting public health is a shared responsibility and that every member of the community must do his/her part to minimize risks.

In consideration for being allowed to participate in the Program, we fully **ASSUME ALL RISKS**, inherent and otherwise, whether or not described above, in connection with the Participant’s participation in the Program Activities, and waive the right to initiate and/or pursue in any manner any and all lawsuits and any other claims in any forum against the School, its board of directors, officers, employees, agents, contractors, and/or assigns (the “Released Parties”) for any injury or harm connected to the Participant’s participation in the Program Activities. These agreements of assumption of risks and waiver do **NOT** apply if (1) the liability, damage, loss or injury is **CAUSED SOLELY BY THE NEGLIGENCE** of the Released Parties and do not include the negligence or any other act or omission by any other person or entity (such as the Participant, the Parents, or other third parties or independent vendors/contractors); or (2) the liability, damage, loss or injury is **CAUSED BY THE RECKLESS, WANTON or INTENTIONAL MISCONDUCT** of a Released Party. These agreements of assumption of risks and waiver will be construed in accordance with Connecticut law.

**We have read and understand the notice above and consent to the Participant participating in Program Activities during the spring and/or summer of 2021.**

\_\_\_\_\_  
Parent/Legal Guardian signature Date

\_\_\_\_\_  
Parent/Legal Guardian signature Date

\_\_\_\_\_  
Participant signature Date

**Individual Plan of Care for Campers**

With Special Health Care Needs or Instructions

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Special health care need or disability:

Plan for appropriate care of the child in a medical emergency. An individual Plan of Care is necessary when a child has a special health care need or disability and it is necessary that special care be taken or provided while the child is at the youth camp.

Other relevant information: (e.g. precautions to be taken to prevent a medical or other emergency)

Signature(s) of the Parent(s):

Date Signed:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

NOTE: Section 428-3(a) requires a child's health record to include information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for the child with special health care needs or disabilities. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Such plan of care shall include appropriate care of the camper in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the camper.

Please use the reverse side of this form for signature(s) of all staff responsible for the care of this child.



