



# 2021 Camp Confirmation Packet

**Springfield College  
Springfield, MA  
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

Check in on the first day of camp will be between 12-1pm at Dorm TBA. Dinner will be the first meal served. All campers should arrive dressed and ready for their first session. Check-in will take place at the overnight camper dorms.

## CHECK-OUT

Campers will check out between 11:30am - 12pm at the check-in location. Parents are encouraged to attend the morning session of games on the last day starting at 9am! Check-out will occur immediately after the closing ceremony.

## EXTENDED DAY CAMPERS

Beyond the first day, you should plan on arriving dressed and ready to play at 8:30am. Pick up will be at 8:30pm the after the evening session. Lunch and dinner are included.

## KEY DEPOSIT

The school requires a key deposit of \$100 per overnight camper. Please bring a check made out to "GameBreaker Lacrosse Camps". The check will be returned to you at check-out when your camper's key is turned in.

## 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](#)

[COVID - OVERNIGHT CAMP PROCEDURES & PROTOCOLS](#)

\*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. Cell phones are allowed in the dorms and dining areas, but not on the field during training sessions. 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 / COVID Waivers
- Authorization of Medication Form for any medication brought to camp (Connecticut Camps ONLY)
- GIRLS: Lacrosse Stick, Goggles
- Cleats, sneakers, hiking shoes optional
- Mouthguard (check out SisuGuard.com)
- Athletic Socks
- T-Shirts
- Shorts
- Sweatshirt
- Off-Field Clothes
- Bedding Linens
- Pajamas
- Blanket/Sleeping Bag
- Pillow
- Shower Towel
- Bathing Suit / Swim Towel (For Pool Use)
- Toiletries
- Alarm Clock
- Sunscreen
- Key Deposit Check (\$100)
- Portable Fan (No AC in Dorms)

## Camp Address (Drop off location)

Please use the following address:

Springfield College  
263 Alden St  
Springfield, MA 01109

[Campus Map](#)

Need Gear for Camp? Check out [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) \_\_\_\_\_

## 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 \_\_\_\_\_

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

## 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.

## Close-Contact Agreement

Springfield College is committed to our Humanics mission while striving to protect the health and safety of our campers and minimizing the potential spread of disease within our community. The COVID-19 pandemic will affect the experience of all community members as we continue to make public health-informed decisions. This form is intended for participants who will likely engage in close-contact experiences. In this context, close-contact experiences are defined as activities related to programs that require proximity to others in any way that does not meet otherwise required social distancing guidelines.

Parent, Please Note: You may print, initial, and sign the document and then scan it and save it as a PDF or you may enter digitized versions of your actual initials and signature in the appropriate fields and save the file. **Typed initials and typed signatures cannot be accepted.**

**Please initial each statement below.**

\_\_\_\_\_ My/My child's participation in face-to-face activities is entirely voluntary and I have carefully considered the attendant risks of such participation.

\_\_\_\_\_ I understand that I/my child will be at risk of exposure to SARS-CoV-2 and of contracting COVID-19 by engaging in close-contact experiences.

\_\_\_\_\_ I understand that I/my child will be at risk of exposure to SARS-CoV-2 and of contracting COVID-19 by engaging in hands-on activities, which may require having physical contact with other people.

\_\_\_\_\_ I understand that, even when the reported risk of contracting COVID-19 is diminished, it may still be present and significant.

\_\_\_\_\_ I understand that the long-term consequences of SARS-CoV-2 infection have not been established, and that the short-term effects can be serious or even fatal.

\_\_\_\_\_ I/my child accept the potential increased risk of contracting COVID-19 if I choose to engage in close-contact experiences, including those that require physical contact with other people.

\_\_\_\_\_ I/my child understand that I have the right to determine whether or not the risks of participating in experiences at this time are unacceptable to them, personally.

\_\_\_\_\_ I/my child agrees to comply with all safety regulations and precautions implemented by Springfield College for the duration of my experiences

**If you agree to all of the above, sign here:**

By signing this I hereby attest that I have carefully read this form and understand its contents, and agree to its terms and conditions.

\_\_\_\_\_  
Participants Printed name

\_\_\_\_\_  
Participant/Parent Guardian  
Signature

\_\_\_\_\_  
Date

# Springfield College Daily Health Questionnaire

To ensure the safety of all individuals, you agree to sign the following Health Questionnaire. This Health Questionnaire must be completed at the beginning of each day you are on site.

\* Required

First Name \*

Your answer

Last Name \*

Your answer

Email \*

Your answer

Camp/Organization/Event Name \*

GameBreaker Lacrosse Camps

Your answer

In the last 14 days, I have NOT experienced any COVID-19 symptoms \*

Including, Fever of 100.4 F or over, or chills; Cough, shortness of breath, or difficulty breathing; New loss of taste or smell; Congestion or runny nose; Nausea or vomiting

True

False

I have NOT been in close contact with a confirmed case of COVID-19 within the last 14 days. \*

"Close contact" means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within six feet of a person who has tested positive for COVID-19 for approximately 15 minutes, or coming in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, while that person was symptomatic.

True

False

I have NOT tested positive for COVID-19 within the past 10 days \*

True

False

I acknowledge and agree that the information provided is accurate to the best of my knowledge \*

I agree