



2021 Camp Confirmation Packet

**Stratton Mountain School
Stratton, VT
August 1-5, 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 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

Overnight Campers: Check in will be at **1pm at the School Entrance**

Extended Day Campers: Check in will be at **1:30 pm at the School Entrance**

CHECK-OUT

Campers will check out at 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.

SPENDING MONEY/BROMLEY TRIP/CAMP STORE

There will be a camp store with snacks, gatorade, water, equipment, etc. Please send your camper with some extra spending money if they are interested in purchasing items at the store. We recommend \$20-\$40.

We are also planning an optional trip to Bromley Adventure Park one afternoon. If your child is interested in participating, the ticket price is \$40. More information can be found at <http://www.bromley.com/attractions/adventure/>

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.

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

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!

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
- BOYS: Lacrosse Stick, Helmet, Pads
- GIRLS: Lacrosse Stick, Goggles
- Cleats, sneakers, hiking shoes optional
- Mouthguard
- T-Shirts
- Shorts
- Socks
- Sweatshirt
- Off-Field Clothes
- Bedding Linens
- Pajamas
- Blanket/Sleeping Bag
- Pillow
- Shower Towel
- Bathing Suit / Swim Towel
- Toiletries
- Alarm Clock
- Sunscreen
- Spending Money (\$20-\$40)
- \$40 cash for Bromley Adventure Park
- Portable Fan

Camp Address (Drop off location)

Extended Day AND Overnight Campers please use the following address:

Stratton Mountain School
7 World Cup Circle
South Londonderry, VT 05155
[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.

Stratton Mountain School

COVID-19 Waiver

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Stratton Mountain School (hereinafter referred to as "SMS") has put in place preventative measures to reduce the spread of COVID-19; however, SMS cannot guarantee that you will not become infected with COVID-19 while attending SMS or while participating in SMS sponsored camps or travel. In fact, attending SMS and using SMS facilities or traveling to and participating in SMS camps off of the SMS campus could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or become infected by COVID-19 by attending SMS and/or traveling to and attending SMS camps or other SMS sponsored activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed or infected by COVID-19 while at SMS or while at an SMS camp, or while participating in SMS sponsored activity, may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SMS employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with attendance at SMS or participation in any SMS programming, formal or informal, including but not limited to SMS Camps or travel or any other SMS sponsored activity.

On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless SMS, its employees, agents, and representatives, of and from any and all Claims, including liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of SMS, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any SMS program.

I also recognize that SMS may be required to cease operations at any point and for any length of time as it seeks to align with evolving government guidance.

High risk populations are strongly encouraged to limit their participation in any SMS sponsored activity. High risk populations include:

- **Persons over 65 years old**
- **Persons of all ages with underlying medical conditions**

In order to participate in any SMS sponsored activity ALL participants must attest to the following: (Check all the boxes)

- I do not have the following COVID-19 symptoms in the last 24 hours:
- Cough, shortness of breath, sore throat, fever in the past 48 hours
 - I have not had a loss of taste or smell, vomiting or diarrhea.
- I have not been in close contact with a confirmed case of COVID-19.

- I agree to **wash my hands** for 20 seconds prior to using any SMS facilities or participating in any SMS organized activities or **use hand sanitizer**.
- I agree to **social distance by 6'** or more at all times.
- I agree to comply** with these requirements and any and all other policies, including but not limited to capacity limitations, areas of access, protective covering and screening requirements.

I have read the above **Release of Claims** in full and my signature below represents an acknowledgement that I understand each and every component of this **Release of Claims** and that the representations I make herein are true and accurate to the best of my knowledge.

Print Name _____

Sign Name _____

Date _____

Time _____

To be signed by parent/guardian if the participant is under 18 years of age.

Print Name (parent/guardian) _____

Sign Name (parent/guardian) _____

Date _____

Time _____

*I, the above signed, **parent/guardian**, affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to myself, the minor participant regarding any losses the participant may sustain as a result of participation in the activity, and am fully accepting all terms/conditions outlined in this agreement. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.*