



# 2021 Camp Confirmation Packet

**Swarthmore College  
Swarthmore, PA  
June 21 - 24, 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
- Cleats, sneakers
- Mouthguard
- Lunch/Snack
- COVID Waivers

## Camp Address (Drop off location)

Please use the following address:

Swarthmore College  
500 College Avenue  
Swarthmore, PA 19081  
[Campus 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 \_\_\_\_\_

Tuberculin \_\_\_\_\_

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.

FULL RELEASE & PROMISE NOT TO SUE SWARTHMORE COLLEGE AND ITS REPRESENTATIVES

**PLEASE READ CAREFULLY!** This form must be completed **BEFORE** participation in the Activity will be allowed.  
All persons completing this document **MUST** be at least 18 years of age.

Name and Description of "Activity":

Gamebreaker Boys Lacrosse Camp

Start/End Date(s): Start/End Time: Location(s): 6/21-24 9a-3p Cunningham Field

Sponsoring Organization(s): Gamebreaker Lacrosse Camps

S.O. Contact Name #: Support@lacrosse.com 800 944 7112

Releasing Participant or Parent/Guardian: \_\_\_\_\_

(If participant is a minor, then form must be completed by a parent/guardian.)

Participant-child(ren): \_\_\_\_\_

(Enter names of any participant-children under 18 years old)

Notices:

- **Participation in this Activity is completely voluntary.**
- In the event of a medical emergency, emergency response personnel will be contacted.
- Because of insurance limitations, Swarthmore College independent contractors, employees (staff, supervisors, student workers) and volunteers shall not, under any circumstances, store, dispense or administer any form of medication to participants of the Activity. This requirement cannot be waived under any circumstances.
- Swarthmore College does not carry medical insurance for injuries sustained by participants of the Activity. The absence of health insurance coverage does not make Swarthmore College responsible for payment of any medical expenses for a participant.

**RELEASE:** In return for Swarthmore College allowing me and/or my child(ren) to voluntarily participate in the Activity, I agree and promise, for myself and my representatives, not to sue Swarthmore College and its representatives, including its agents, board of managers and officers, insurers, attorneys, employees, students and volunteers, for any and all liability, claims, demands, and/or causes of action whatsoever, whether known now or in the future, arising out of my own or my child(ren)'s participation in this Activity and related activities – whether such claims, demands, and/or causes of action result from the negligent act(s) or omission(s) of Swarthmore College.

I further agree and acknowledge that I understand, assume and accept all possible risks arising out of, associated with, or relating to my participating in the Activity and related activities, even though such risks may have been caused by the negligence of Swarthmore College or its representatives. These risks may include, but are not limited to, property damage, economic loss, mental and emotional anguish, bodily illness/injury (including broken bones, tissue damage, exposure/infection to SARS-CoV-2 and variants, and death), and may result from, but is not limited to, physical contact, conflict with others, outdoor exposure/effects of weather conditions, traveling to/from/around the Activity location, food consumption, as well as any other circumstance listed here: \_\_\_\_\_

I also agree to be solely responsible for any injury, loss, or damage, which I and/or my children might sustain or cause while participating in the Activity, even though such injury, loss, or damage may have been caused by the negligence of Swarthmore College or its representatives.

**General Terms:** The signor may execute this RELEASE & PROMISE NOT TO SUE using an electronic signature, and the signor waives any legal requirement that this document be embodied, stored or reproduced in tangible media, and agrees that an electronic reproduction shall have the same legal force and effect as a signed original.

This document shall be enforceable to the fullest extent of the law, and if any provision is declared by a court of competent jurisdiction to be illegal, void, or unenforceable, the remaining provisions shall continue to be valid and enforceable.

**Acknowledgement:** I acknowledge:

- that I have read and understand this RELEASE & PROMISE NOT TO SUE, and that it is legally binding upon myself and my heirs, executors, administrators, and representatives in the event of my death or incapacity,
- that I am legally authorized and competent to sign this document, I am at least 18 years old, and I have voluntarily executed this RELEASE & PROMISE NOT TO SUE, and
- (If applicable) that I am the parent or legal guardian of the participant-child(ren) listed above, and I voluntarily give my consent for my child(ren) to participate in this Activity.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Your Full Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_