



2021 Camp Confirmation Packet

**The Phelps School
Malvern, PA
June 28 - July 1, 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

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

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.

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

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
- Portable Fan

Camp Address (Drop off location)

Extended Day AND Overnight Campers please use the following address:

The Phelps School
583 Sugartown Road
Malvern, PA 19355
[Map/Directions](#)

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) _____

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.

THE PHELPS SCHOOL
Assumption of Risk, Waiver of Liability, Release, Hold Harmless, Covenant Not to Sue
and Indemnity Agreement

I will be participating in a program, class, camp and/or sporting event at The Phelps School ("PHELPS") and will be using the facilities, premises, grounds, equipment and/or services of PHELPS (collectively, the "Facilities and Property").

Assumption of Risks: Participation in physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity which places stress on the cardiovascular system and others involve risk of harm from other participants or through the observation of an activity as a spectator. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, and/or 3) catastrophic injuries including paralysis and death.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk and accept sole responsibility that my child(ren) and I may be exposed to or infected by COVID-19 by using the Facilities and Property and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at PHELPS may result from the actions, omissions, or negligence of myself and others, including, but not limited to, PHELPS employees, volunteers, and program participants and their families.

Waiver: In consideration of permission granted to me by PHELPS to use, today and on all future dates, the Facilities and Property, I, for myself, my heirs, personal representatives or assigns, (and for my child, if a minor) do hereby release, waive, hold harmless, discharge, and covenant not to sue PHELPS, its directors, officers, employees, insurers and agents (collectively, the "PHELPS Related Parties") from liability from any and all claims, causes or events (including the negligence of PHELPS) resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in and/or use of the Facilities and Property.

Release, Hold Harmless, Covenant Not to Sue and Indemnity: In consideration of permission granted to me by PHELPS to use, today and on all future dates, the Facilities and Property, I also agree to Release, Hold Harmless, Covenant Not to Sue and Indemnify PHELPS and all Phelps Related Parties from any and all claims, actions, suits, costs, expenses, damages and liabilities ("Claims") suffered, including attorney's fees incurred, as a result of participation in or use of the Facilities and Property. I understand and agree that this release, hold harmless and covenant not to sue includes any and all Claims resulting from or based on the actions, omissions, or negligence of PHELPS or a PHELPS Related Parties, whether a COVID-19 infection occurs before, during, or after using the Facilities or Property.

Severability: I further expressly agrees that the foregoing Assumption of Risk, Waiver of Liability, Release, Hold Harmless, Covenant Not to Sue and Indemnity Agreement are intended to be as broad and inclusive as is permitted by the Commonwealth of Pennsylvania and that if any portion thereof is held invalid, I agree that the balance shall continue in full legal force and effect.

Acknowledgment of Understanding: I have read this Assumption of Risk, Waiver of Liability, Release, Hold Harmless, Covenant Not to Sue and Indemnity Agreement, and I fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of PHELPS and PHELPS Related Parties of all liability to the greatest extent allowed by law.

Entrance and Parking Rules: In order to access PHELPS property I agree to *only*: (1) utilize the Remington Lane entrance (*NOT* the main entrance where PHELPS sign is posted) and (2) park in the lot adjacent to the Fieldhouse (*NOT* in front of the Fieldhouse) or elsewhere on campus.

 Signature of Parent/Guardian of Minor Date
 Participant's Age (if minor) _____
 (Write or type name of Parent/Guardian)

 Signature of Participant Date
 (Write or type name of Participant)