GAME BREAKER® LACROSSE CAMPS

2024 Camp Confirmation Packet

University of South Florida
Tampa, FL

June 17 - 20

Dear Parents,
Thank you for registering for our 2024 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

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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.

HEALTH & 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

Any Camper who must cancel their registration more than fifteen (15) days prior to the Camp start date will receive a voucher equal to the full amount of Camp tuition already paid which may be used toward any program or camp offered by eCamps. If a Camper must cancel their registration fourteen (14) days or fewer prior to the start of Camp, eCamps will issue Camper or Parent a voucher equal to 50% of the Camp tuition, which may be used toward any program or camp offered by eCamps. Vouchers are valid for any eCamps program within the same or next calendar year and are also transferable to another family member. Camp vouchers are not extended to Campers who leave Camp after the start of a session. The $30 registration fee is non-refundable. ***Cash refunds are not offered under any circumstances.***

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CAMP CHECK - IN

All Campers check in on the first day of camp will be between 12-1pm at the Overnight Dorms. Dinner will be the first meal served. All campers should arrive dressed and ready for their first session.

CAMP CHECK - OUT

All Campers will check out at 12pm at the overnight dorms

EXTENDED DAY CAMPERS

Beyond the first day, you should plan on arriving dressed and ready to play at 8:45am. Extended Day Campers should be dropped off at the athletic fields.
Pick up will be at 8:30pm the after the evening session.
Lunch and dinner are included.

OVERNIGHT CAMPERS - 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 checkout when your camper’s key is turned in. If you camper loses his/her key, your key deposit will not be returned.
DO NOT BRING CASH. Only checks are acceptable

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HEALTH FORMS

Every camper must have the attached health history and release form filled out in order to attend camp. Please upload your health forms to your active.com account before the start of camp.

*A physician's signiture 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

CONCUSSION INFORMATION FOR PARENTS

CELL PHONE POLICY

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.

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CHECKLIST OF THINGS TO BRING

Below is a 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.

Campers ARE REQUIRED to bring their own equipment

OVERNIGHT CAMP

- Health Form
- BOYS: Lacrosse Stick, Helmet, Elbow Pads, Shoulder Pads
- GIRLS: Lacrosse Stick, goggles
- Cleats, sneakers
- Mouthguard
- Water Bottle
- T-Shirts
- Shorts
- Sweatshirt
- Off-Field Clothes
- Bedding Linens
- Pajamas
- Blanket/Sleeping Bag
- Pillow
- Shower Towel
- Bathing Suit/Swim Towel (Pool use subject to change)
- Toiletries
- Alarm Clock
- Sunscreen
- Key Deposit Check ($100)

CAMP ADDRESS

Please use the following address:
University of South Florida
4202 E Fowler Ave
Tampa, FL 33620

Campus Map

eCamps Inc. Summer Camp 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'sSignature*_____

Physician'sName_____

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 eCamps Inc - 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_____

NOTEAll 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.