

LEADERSHIP CAMPS



THE HOTCHKISS SCHOOL Lakeville, CT

JULY 20 – 24, 2025

Dear Parents and Campers,

We'd like to introduce our new Lacrosse and Leadership Camp for boys to you. We have designed this camp to address a void in the growing lacrosse communities. While players are spending time playing for sometimes multiple teams, there appears to be a lack of leadership and team building development. We have found the perfect facility for this camp—the Hotchkiss School. This locale offers us the best of both worlds—a top-notch training environment with several athletic fields, along with a traditional camp setting that comes complete with school dorms, a dining hall, and a lake.

At camp, we will help campers learn about being part of something - a team or cause - bigger than themselves. The camp will combine outstanding lacrosse instruction with off-field camp activities designed to promote teamwork and teach leadership skills. At the end of camp, we want all campers to not only be better lacrosse players, but also recognize how as leaders they can be more valuable to their team, their school, and their community.

On behalf of our staff, I look forward to the opportunity to meet and work with you this summer.

Best regards,
Boys Lacrosse & Leadership Camp

2025 Lacrosse & Leadership Camp

OUR MISSION

Lacrosse & Leadership is a summer camp experience where your child will have the opportunity:

- 1) To develop his lacrosse skills.
- 2) To learn what it means to be a great teammate.
- 3) To learn how to become a more effective leader.
- 4) Finally, we will participate in several outdoor activities that will allow your child the opportunity to enjoy just being a “kid”.

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.**

2025 Lacrosse & Leadership Camp

CAMP CHECK - IN

Check in on the first day of camp will be at 2pm. Dinner will be the first meal served. All campers should arrive dressed and ready for their first session. Check-in will be held at the overnight camper dorms.

CAMP CHECK - OUT

Camper departure will be at 12pm on the final day.

Games will be played from 9:30am - 11:15am

Closing ceremonies will take place between 11:15am - 11:45am

EXTENDED DAY CAMPERS

Beyond the first day, you should plan on arriving dressed and ready to play at 8:30am.

Pick up times will vary each day, from 8pm-9pm--a schedule for daily departure will be explained at camp check-in.

2025 Lacrosse & Leadership Camp

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 AND bring to camp. ***Your camper will NOT be able to attend if your health form is missing.***

*A physician's signature is required on this form. 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.

2025 Camp Confirmation Packet

CT CAMP REQUIREMENTS - ALL CAMPERS

All campers MUST bring the following items to camp:

- **Updated Physical Form/Health Record** - (Page 7)
 - Health Record MUST be completed from the previous 18 months
 - Health Record MUST be signed by your campers physician
 - You can use our form or a standardized form received from the physician and just use our form as a cover page, filling out the parent contact and authorization section
 - IF YOUR CAMPER DOES NOT HAVE A CURRENT HEALTH RECORD ON FILE, THEY WILL BE ASKED TO LEAVE CAMP UNTIL COMPLETED
 - YOU MUST HAND THIS FORM TO THE FIRST AIDER AT CHECK-IN
- ***Any Campers with Medication***
 - You MUST provide any medication needed during camp in the original container with the original label in tact
 - If your medication is not in its original container, it will not be accepted by the camp staff and your camper will not be allowed to participate
 - You MUST provide the following forms with your medication
 - **Individual Care Plan** - Filled out and signed by parent, as well as showing the first aider at check-in and being signed and accepted by the athletic trainer (Page 8)
 - If your camper requires ANY prescription medication, epi-pen, inhaler, etc - **YOU MUST FILL OUT THIS FORM**
 - If you forget these forms, extra will be made available for you at check-in, but your camper cannot participate without these forms
 - **Admin of Medication Form** - with Parent and Prescriber Signatures (Page 9-10)
 - If you have any medication you must provide the following in order to be allowed at camp
 - Medication MUST be stored in the original prescriber container and have clear and proper labeling on medication
 - Medication MUST be current
 - Medication CANNOT be past the expiration date
 - Medication MUST be accompanied by Individual Care Plan, Admin of Medication Forms both filled out and signed

2025 Lacrosse & Leadership Camp

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 / Hotchkiss Waiver
- Lacrosse Stick, Helmet, Pads
- Cleats, sneakers, sandals, hiking shoes
- Mouthguard
- Athletic Socks
- T-Shirts
- Shorts
- Hat
- Sweatshirt/Sweatpants (gets cold at night)
- Off-Field Clothes
- Water Bottle
- Bedding Linens
- Blanket/Sleeping Bag
- Pillow
- Shower Towel
- Bathing Suit / Swim Towel
- Toiletries
- Alarm Clock
- Sunscreen
- Bug Spray
- Portable Fan
- Snacks/Sports Drinks (for dorm)

CAMP ADDRESS

Please use the following address:
The Hotchkiss School
11 Interlaken Rd
Lakeville, CT 06039

[Campus Map](#)

NOTICE OF RISK, WAIVER, AND INFORMED CONSENT

For and in consideration of The Hotchkiss School (the "School") allowing the undersigned, or, if a parent/guardian is signing on behalf of a minor child, the minor child ("Participant") to use and access Hixon Pool at Mars Athletic Center, the surrounding pool deck, Lake Wononscopomuc and the waterfront at Lake Wononscopomuc (the "Facility"), located on the School's campus at 11 Interlaken Road, Lakeville, CT 06039, for personal use, including swimming and aquatic recreation (collectively, the "Activities"), the undersigned ("I" or "me"), for myself, spouse, child(ren), heirs and next of kin, hereby acknowledge and attest that I have reviewed this Notice of Risk, Waiver, and Informed Consent (the "Notice"), and agree to its terms as follows:

INFORMATION ABOUT THE FACILITY AND THE ACTIVITIES

The Activities will consist of the use of the Facility for swimming and aquatic activities. The School does not provide staffing, supervision, instruction, or assistance for the use of the Facility or participation in the Activities. There are numerous risks and dangers associated with the Activities and the Facility, including those described under "Assumption of Risk" below. The Facility contains a body of water and floors that may become wet and slippery. Participation in the Activities can be a dangerous activity involving the possibility of drowning. Further, by using the Facility and participating in the Activities, the Participant understands that he/she/they may be exposed to and/or become infected with COVID-19 or other contagious illnesses. The School cannot protect against exposure to, or infection by, COVID-19 and/or other contagious illnesses.

ACKNOWLEDGMENTS, WAIVER, AND INFORMED CONSENT

By signing below, the undersigned attests to have read this Notice, including the Information About the Facility and the Activities, and acknowledges that the undersigned understands the risks associated with the Facility and the Activities as a result of use of the Facility and participating in the Activities. By signing below, the undersigned further warrants and agrees to the following:

1. I have been given ample opportunity to review this Notice and understand the contents herein. I acknowledge that use of the Facility and participation in the Activities is voluntary and optional.
2. I agree that I/my minor child shall abide by all School policies, procedures and protocols regarding use of the Facility, including, but not limited to, policies that prohibit use of the Facility by any individual who has contagious illnesses, including COVID-19, or symptoms thereof; and any specific rules governing the School, the use of the Facility and participation in the Activities, including any rules posted at the Facility, which may change from time to time.
3. I hereby attest that if I am a Participant that (i) I am in good health and in proper physical condition to participate in the Activities; and (ii) I have not been advised of any medical conditions that would impair my ability to safely participate in the Activities. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Activities.
4. If the Participant is a minor child, I hereby attest that (i) I am the parent or legal guardian of such minor child and in signing below, (ii) I consent to my child's use of the Facility and participation in the Activities in accordance with the terms stated herein, (iii) I attest that my child is in good health and in proper physical condition to participate in the Activities, (iv) that I have not been advised of any medical conditions that would impair my child's ability to safely participating in the Activities, and (v) that it is my sole responsibility to determine whether my child is fit and healthy enough to participate in the Activities.
5. **Assumption of Risk.** I fully understand that use of the Facility and participation in the Activities involves risks and dangers, which include, without limitation, the potential for serious bodily injury, sickness and disease, permanent disability, paralysis and death (from drowning or other causes); loss of, or damage to, personal property or equipment; accidents involving other participants in the Activities or those visiting the Facility; contact or collusion with natural or manmade objects; Facility issues, including slippery floors; inadequate safety measures; participants of varying skill levels; situations beyond the control of the Released Parties (as defined below), and other undefined, not readily foreseeable and presently unknown risk and dangers, including those related to COVID-

19 and/or other contagious illnesses. I acknowledge that the School does not provide staffing, supervision, instruction, or assistance for the use of the Facility or participation in the Activities. If I am a Participant, I agree that despite these dangers, I am voluntarily choosing to use the Facility and participate in the Activities. If the Participant is a minor child, I agree that despite these dangers, I am voluntarily directing my child to use the Facility and participate in the Activities. In consideration for the Participant being allowed to use the Facility and participate in the Activities, I fully ASSUME ALL RISKS, inherent and otherwise, whether or not described above, for myself/my minor child in connection with the use of the Facility and participation in the Activities.

6. **Waiver and Release.** In addition to the above assumption of risk, I expressly release and forever discharge and hold harmless the School, its officers, trustees, employees, agents, contractors and/or other representative from all liability or claims that I or my heir may have against the School (each, a “Released Party” and collectively, the “Released Parties”) with respect to any bodily injury, personal injury, illness, death, property loss or other harm or issue that may result from the use of the Facility and/or the Activities. These agreements of assumption of risks and waiver do NOT apply against a Released Party if (1) the liability, damage, loss or injury is CAUSED SOLELY BY THE NEGLIGENCE of such Released Party and do not include the negligence or any other act or omission by any other person or entity (such as other attendees or other third parties or independent vendors/contractors); or (2) the liability, damage, loss or injury is CAUSED BY THE RECKLESS, WANTON or INTENTIONAL MISCONDUCT of a Released Party. These agreements of assumption of risks and waiver will be construed in accordance with Connecticut law.
7. **Indemnification and Hold Harmless.** I agree to defend and hold harmless the Released Parties from any and all claims, lawsuits, or demands made by anyone arising from, or relating to, my/my minor child’s use of the Facility or participation in the Activities, except for NEGLIGENCE CAUSED SOLELY BY a Released Party or the RECKLESS, WANTON or INTENTIONAL MISCONDUCT of a Released Party.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY ALL OF THE INFORMATION INCLUDED IN THIS NOTICE OF RISK, WAIVER, AND INFORMED CONSENT. I FURTHER UNDERSTAND THAT BY SIGNING THIS NOTICE THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS.

Participant’s Printed Name

Signature of Participant

Signature of Parent/Guardian If Participant is Under 18

Date

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 UPLOAD TO YOUR ACTIVE ONLINE ACCOUNT **AND** BRING COPY TO CAMP CHECK-IN.*

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 _____

PLEASE NOTE: DOCTOR SIGNATURE IS

ONLY REQUIRED FOR CAMPS IN

CT, MA & 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 _____

Tuberculin _____

Pneumococcal Conjugate _____

Haemophilus Influenza b (HIB) _____

COVID-19 #1 _____ #2 _____ Booster _____

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 _____

NOTEMedication will be checked and kept by staff. 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.

Individual Plan of Care for Campers - Required for CT

This form is **REQUIRED** for any camper who requires any special health care needs or special attention that the staff and first aider needs to be made aware of and instructions on how to treat. **If your camper has any of the below needs, this form must be signed for camps in CT. If this form is not completed, your camper will not be allowed to attend camp. YOU MUST get this form signed by camp director and athletic trainer at check-in to participate in camp**

Child's Name: _____ Date of Birth ____/____/____

My Child Has Any of the Following Medical Needs, Allergies, Dietary Restrictions, Etc:

Has an Inhaler: Y / N - If YES, the inhaler MUST be stored in the original packaging and have proper labeling containing camper name and information, along with admin of medication form

Has an Epi-pen: Y / N - If YES, the epi-pen MUST be stored in the original packaging and have proper labeling containing camper name and information, along with admin of medication form

Has Allergies that Require Prescription Medication: Y / N - If YES, the medication MUST be stored in the original packaging and have proper labeling containing camper name and information, along with admin of medication form

Needs Any Other Prescription Medication while at Camp: Y / N - If YES, the inhaler MUST be stored in the original packaging and have proper labeling containing camper name and information, along with admin of medication form

Other Medical/behavioral needs Staff Needs to be aware of, Please Elaborate:

Plan for appropriate care of the child in a medical emergency. An individual Plan of Care is necessary when a child has a special health care need or disability and it is necessary that special care be taken or provided while the child is at the youth camp. Please include all relevant information: (e.g. precautions to be taken to prevent a medical or other emergency) .

Signature(s) of the Parent(s): Date Signed:

____/____/____

____/____/____

Individual Care Plans requires a child's health record to include information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for the child with special health care needs or disabilities. Such a plan of care shall include appropriate care of the camper in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the camper.

Signature of the staff responsible for camper _____ (first aider signature)

Signature of the staff responsible for camper _____ (staff member signature)

Please use the reverse side of this form for signature(s) of all staff responsible for the care of this child if needed

Authorization of Self-Administration Medication Form

This form allows both the parent/guardian and the prescriber to ensure the camper is capable of self-administering the medication safely while at camp. **If your camp requires any medication while at camp or ICE, you MUST complete this form in totality and present to first aider at check-in with medication.** All medication MUST be brought to camp in the original container and have proper pharmacy labelling. If these conditions are not met and paperwork completed, your camper will not be allowed at camp. You MUST also complete an Individual Care Plan available on our website.

Camper Information:

- Camper's Full Name: _____
- Date of Birth: _____
- Camper Address: _____

- Parent/Guardian Name: _____
- Parent/Guardian Phone Number: _____
- Parent/Guardian Email: _____

Medication Information:

- Name of Medication: _____
- Dosage: _____
- Time(s) of Administration: _____
- Condition being treated: _____
- Specific Instructions for Medication Administration: _____
- Potential Side Effects: _____ None Expected ☐
- Plan to Address Potential Side Effects: _____

Parent/Guardian Authorization for Self-Administration:

- ☐ I, the undersigned parent/guardian, hereby authorize my child, named above, to self-administer the medication listed above while attending the summer camp program. I understand that my child has been instructed by a healthcare provider on how to properly administer this medication. I am confident in my child's ability to safely and responsibly manage this medication while at camp.
- ☐ I agree to provide the camp with an adequate supply of the medication, properly labeled, in accordance with camp policy. I also understand that the camp staff may provide assistance if necessary and that the camp will monitor my child's adherence to medication administration as best as possible.

Parent/Guardian Consent:

- Parent/Guardian Signature: _____
- Date: _____
- Relationship to child: _____

Prescriber's Authorization:

- ☐ I, the undersigned prescribing healthcare provider, authorize the child named above to self-administer the medication as described. I confirm that this child has been educated on the proper use of the medication, including potential side effects, and is capable of administering it independently while at camp. I understand that the camp staff will make reasonable accommodations for the camper's health and safety during the camp session.

- Prescriber's Full Name: _____
- Prescriber's Title: _____
- Prescriber's Contact Information: _____
- Prescriber's Signature: _____
- Date: _____

For Camp Use Only:

- Medication Received: [] Yes [] No
- Camp Staff Notified: [] Yes [] No
- Medication Stored Appropriately: [] Yes [] No

Important Notes:

- All medications must be brought to camp in their original, pharmacy-labeled container.
- Any changes in medication, dosage, or administration must be communicated to the camp immediately.

Camp First Aider Signature: _____

Medication Administration Record (MAR)

Name of Child _____ Date of Birth ____/____/____

Pharmacy Name _____ Prescription Number _____

Medication Order _____

Date	Time	Dosage	Remarks	Was This Medication Self Administered?	Signature of Person Observing or Administering Medication (First Aider or Staff Member Resp)
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

*Medication authorization form must be used as either a two-sided document or attached first and second page.

- ☐ Authorization form is complete
- ☐ Medication is appropriately labeled
- ☐ Medication is in original container

- ☐ Date on label is current
- ☐ The Individual Care Plan Form is complete

Person Accepting Medication (print name) _____ Date ____/____/____