



## 2025 Camp Confirmation Packet

# ETHEL WALKER SCHOOL SIMSBURY, CT

## AUG 4 - 7

Dear Parents,

Thank you for registering for our 2025 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

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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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## 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. We suggest that half day campers pack a small snack.

## CHECK - OUT

Pick up will be at 12pm each day campers

## 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 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

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.

- Health Form
- GIRLS: Lacrosse Stick, goggles
- Cleats, sneakers
- Mouthguard
- Snack
- Water Bottle

\*Campers ARE REQUIRED to bring their own equipment\*

## CAMP ADDRESS

Please use the following address:

Ethel Walker School

230 Bushy Hill Rd, Simsbury, CT 06070

Drop off at the Athletics Fields

## 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) \_\_\_\_\_

### 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 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 \_\_\_\_\_

\*\*\*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.

## 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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