



2025 Camp Confirmation Packet

NORTHERN ARIZONA UNIVERSITY FLAGSTAFF, AZ

JUNE 24 - 27

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 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 **Reilly Hall**, 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 between 11am-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 signature is required on this form ONLY if you are attending a camp in CT, MA or NY. An attached physician's 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
- NAU Swim Waiver
- 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
- Toiletries
- Alarm Clock
- Sunscreen
- Key Deposit Check (\$100)

CAMP ADDRESS

Please use the following address:

Gabaldon Hall
Northern Arizona University
S Knoles Dr
Flagstaff, AZ 86001

[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) _____

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.



Contracts, Purchasing,
and Risk Management

**ARIZONA BOARD OF REGENTS
FOR AND ON BEHALF OF
NORTHERN ARIZONA UNIVERSITY**

Contracts, Purchasing and Risk Management

ASSUMPTION OF RISK, WAIVER, RELEASE, AND CONSENT
FOR NON-STUDENT MINOR PARTICIPATION

("PROGRAM")

928-523-4557

RETURN TO:

NAU-Insurance@nau.edu

PO Box 4067
Flagstaff, AZ 86011

Revised 05/28/2020

Program Information

THIS DOCUMENT HAS LEGAL CONSEQUENCES. IT MUST BE COMPLETED AND SIGNED PRIOR TO PARTICIPATION. PLEASE READ IT CAREFULLY BEFORE SIGNING.

Program Description and Dates:

Department Contact
(name, e-mail, phone):

Program Location:

Specific Potential Risks to Participants:

Minor's Information

Minor's Name:

Age:

Parent(s)/Legal Guardian(s):

Address:

City:

State:

Zip:

Phone:

Cell:

Work:

Emergency Contact:

Relationship:

Phone:

Emergency Contact:

Relationship:

Phone:

Authorized Pick Up

Minor will be picked up at the end of the Program or for any authorized time spent off of campus by:

Name:

Relationship:

Phone number(s):

Identification will be required to be shown to Program staff by the person who is picking up the Non-Student Minor. If the parent(s)/legal guardian(s) listed above is not the person picking up the Non-Student Minor, add name(s), relationship(s), and phone number(s) of other authorized individuals below.

IN ADDITION TO THE PARENT(S)/LEGAL GUARDIAN(S) LISTED ABOVE, THE FOLLOWING INDIVIDUALS ARE AUTHORIZED TO PICK UP NON-STUDENT MINOR:

Name:

Relationship:

Phone Number:

Parent/Guardian Agreement

I affirm that I am the adult parent or legal guardian of _____, a Non-Student Minor under the age of eighteen (18), and I consent to their participation in this Program. In consideration of allowing Non-Student Minor to participate in this Program and related activities, I, on behalf of Non-Student Minor and for myself and my spouse, if any, and our heirs, successors, and assigns:

1. Acknowledge and understand that allowing Non-Student Minor to participate in the Program may involve a variety of activities. Such participation, particularly in field trips, "wilderness trips," sports camps, and physical education, may involve risks, including but not limited to, serious personal injury, partial or permanent disability, sickness, disease or illness, property damage, and/or death. These risks may result from Non-Student Minor's own actions or inactions, from the actions or inactions of others, or may be inherent to participating in the Program. I understand that I am responsible for ensuring that Non-Student Minor is properly prepared for all Program activities, and I represent that Non-Student Minor is in good health and is able to participate fully in all Program activities. If the Program is an on-line activity, risks include but are not limited to, data mining, phishing, viruses, malware, data breach of on-line information, cyberbullying, exploitation, cyber stalking, on-line grooming, cyber predators, and image replication. Knowing these risks may occur in an on-line Program, I choose to have Non-Student Minor participate in the Program. I also understand that Northern Arizona University is not an agent of and has no responsibility for any third party that may provide any services during the Program, including but not limited to, food, lodging, travel, and equipment associated with the Program. I acknowledge that Northern Arizona University has taken enhanced health and safety measures, in accordance with guidelines from the U.S. Centers for Disease Control and Prevention, in response to the COVID-19 pandemic. An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. By allowing Non-Student Minor to attend the Program at Northern Arizona University, I voluntarily assume all risks related to Non-Student Minor's exposure to COVID-19.
2. Assume all of the foregoing risks and accept personal and financial responsibility for all damages for personal injury, partial or permanent disability, property damage, or death of Non-Student Minor, or caused by Non-Student Minor, to the fullest extent allowed by law.
3. Agree not to sue the State of Arizona, the Arizona Board of Regents, Northern Arizona University, their officers, employees, agents, and assigns, and waive all claims, demands, losses, or damages on account of personal injury, partial or permanent disability, property damage, or death, caused or alleged to be caused in whole or in part by the actions of any person or entity, to the fullest extent allowed by law.
4. Grant to Northern Arizona University and to its employees, agents and assigns the right to photograph Non-Student Minor and use the photo and or other digital reproduction of them or other reproduction of their physical likeness for publication purposes for use in connection with Northern Arizona University Programs, whether electronic, print, digital or via the Internet, so long as I have signed the Non-Student Minor Release Form.
5. Understand that the only medical treatment that will be provided by the Program is for such things as minor scrapes and bruises. Any medical costs, including emergency medical treatment that may be incurred as a result of Non-Student Minor's participation in the Program will be my financial responsibility. I further understand that medical care facilities may not be immediately available and I accept the increased risk in the event of injury or death.
6. Hereby consent to Northern Arizona University and any appropriate medical facility, and/or to the physician(s) listed below, providing whatever medical services they may deem necessary for Non-Student Minor in the event of an emergency. I certify that I have adequate insurance and/or other means to pay for any costs and expenses related to these services and I agree to bear such costs and expenses in full.
7. Agree to review Program rules with Non-Student Minor and agree Non-Student Minor will comply with Northern Arizona University rules, standards, as well as any specific standards of conduct of the Program that may be provided. I understand that Non-Student Minor is not permitted to consume alcohol, possess/use weapons or illegal substances, or engage in sexual activities while participating in the Program. I understand Non-Student Minor may be removed from the Program for misconduct or failure to follow rules or instructions of Northern Arizona University or for any behavior detrimental to or incompatible with the standards of Northern Arizona University or the Program, and I understand that in that event I may not be entitled to a refund of any or all Program fees and costs.
8. Waive and release all claims against the State of Arizona, the Arizona Board of Regents, and Northern Arizona University, their officers, employees, agents, and assigns that arise at a time when Non-Student Minor is not under the direct supervision of Northern Arizona University or that are caused by Non-Student Minor's failure to remain under such supervision or to comply with rules or instructions, to the fullest extent allowed by law.
9. Acknowledge and understand that either the Non-Student Minor or Northern Arizona University has the right to decline, decrease, or cease Non-Student Minor's participation in the event of illness, injury or other medical condition.
10. Understand that Northern Arizona University may reduce or stop Non-Student Minor's participation, in its sole discretion, in the best interest of safety or to aid in the well-being of other participants. Northern Arizona University may require further assessment and medical clearance from a physician prior to participation in the Program.

11. ACKNOWLEDGE THAT I HAVE CAREFULLY READ THE ABOVE ASSUMPTION OF RISK, WAIVER, RELEASE, AND CONSENT FOR NON-STUDENT MINOR PARTICIPATION FORM AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

12. No oral or written representations can or will alter the contents of this document. I agree that this document shall be governed by the laws of the State of Arizona.

Parent/Legal Guardian Signature:

Date:

Medical Information

Provide a complete and accurate statement of the physical factors that may affect participation in the Program.

Local Physician(s) preferred (if possible):

Phone:

Insurance Company (if additional to Program insurance):

Policy:

Group Number:

Phone:

Please indicate any and all special medical conditions Northern Arizona University may need to know about:

List any allergies, to include but not limited to, any medications, food, insect bites, and stings, and describe allergic reactions:

List any and all medication(s) taken on a regular basis for any reason, to include but not limited to, medication taken for illness(es), allergies, pain and injuries; use additional paper if necessary:

List any additional medical/physical information that Northern Arizona University should be aware of, to include but not limited to fitness level, ability to swim, and mobility or sensory limitations: