

University of Washington Seattle, WA

June 22 - 25 | July 13 - 16

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

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*.

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 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

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.

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

- UW Parent Consent Waiver
- Health Form
- BOYS: Lacrosse Stick, Helmet, Elbow Pads, Shoulder Pads
- Cleats, sneakers
- Mouthguard
- Water Bottle
- T-Shirts
- Shorts
- Sweatshirt
- Off-Field Clothes

- Bedding Linens
- Pajamas
- Blanket/Sleeping Bag
- Pillow
- Shower Towel
- Toiletries
- Alarm Clock
- Sunscreen
- Key Deposit Check (\$100)
- Portable Fan Dorms are NOT Air Conditioned

CAMP ADDRESS

Please use the following address: University of Washington 4000 15th Ave NE Seattle, WA 98105

<u>Campus Map</u>

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				ization Histor			<u>s)</u>
Camper Name			Copy of 1	mmunization Re	cora Prej	eraote.	
Last	First	Middle Initial	DPT	Booster			
DOBAge	Gender		DT				
Parent/Guardian			Polio OP	V (Sabin)	Booste	r	_
			Measles/	Mumps/Rubella	(MMR) #	1	#2
Phone (Home)			Hepatitis	B #1#	2	_ #3	_
Phone (Work)				ox			
Emergency Contact				lin			
Phone (Home)			Pneumoc	occal Conjugate	;		
Phone (Cell)		_	Haemoph	nilus Influenza b	(HIB)		
Health History				s Authorizati			
May Participate in all camp activities			I warrant and represent to eCamps Inc - GameBreaker Lacrosse ("GBL") that I am the parent and/or guardian of the above-named participant and				
May participate except for							ve-named participant and ad Release on behalf of my
	-	200					ept this agreement for my
Does this individual have allerg	ies? YES NO						n this form (Events). In
Explain							eement, I hereby agree to ad all of their respective
	-		owners, a	gents, employee	es, sponsor	rs, represent	tatives and assigns, from
Does the individual have specia	I naade? VES No	2					njuries or death sustained
							or in traveling to or from ontact sport, and
Explain							f serious injury or death
							ermission to the coaches,
I've examined the above campe	r within the past 2	years. YES NO					to provide medical care as ajury or illness and I agree
Date Examined			that I will	l be financially r	esponsible	e for the cos	st of same. I understand
Physician'sSignature*							or the emergency contact,
Physician'sName							gree that I am responsible aipment (stick, gloves,
Date			elbow pac	ds, shoulder pad	s, mouth g	guard and h	elmet) for the Events, and I
Address							I times during the Events.
Phone		_					with a link in the oncussions in sports.
*PHYSICIAN's SIGNATURE	ONLY REQUIRE	D FOR	Parent Sig	gnature			Date
CAMPS HELD IN CT, MA or NY							
							and kept by the trainer. All
Insurance Information				on medications escription label;			nal case/box with the
Health Insurance Provider			authoriza	tion form" must	accompar	ny all medic	cation and requires the
Policy/ID Number			physician's signature in CT, MA & NY. The Administration of				

Policy Holder's Name & DOB_

Insurance Provider Contact: Phone

Medication Form must accompany all medication for camps in CT.

This form is available for download on LaxCamps.com.



Parental Consent Form

am the legal guardian of	, and I consent to their participation in the
GameBreaker Lacrosse Camp at the University o	f Washington Summer 2025
and risks of serious personal injury such as, but in function, permanent scarring, disability and/or o	ation in this sport/fitness activity involves inherent hazards not limited to, paralysis, brain damage, loss of vision or limi death, and I agree to assume those risks outside the contro be responsible for assuring that my child has the necessary cipate in this sport.
coverage for participants. I further agree that m	ity of Washington does not provide accident/medical y child has the appropriate accident/medical insurance to s which may be required by my child as a result of any es.
Parent or Legal Guardian	