



2025 Camp Confirmation Packet

OLD FIELD Fairfield, CT

JUNE 30 - JULY 3 | AUGUST 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 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. Full Day Campers Must bring their own bagged lunch. We suggest that half day campers pack a small snack.

CHECK - OUT

Pick up will be at 3:00pm each afternoon at the dropoff location for full-day campers. Half day campers will be picked up at 12pm.

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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CT CAMP REQUIREMENTS - ALL CAMPERS

All campers MUST bring the following items to camp:

- **Updated Physical Form/Health Record** - (Page 6)
 - 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
 - **Admin of Medication Form** - with Parent and Prescriber Signatures (Page 7)
 - **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 you forget these forms, extra will be made available for you at check-in, but your camper cannot participate without these forms
 - 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 paperwork

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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 Forms/Required CT Paperwork
- BOYS: Lacrosse Stick, Helmet, Elbow Pads, Shoulder Pads
- Cleats, sneakers
- Mouthguard
- Lunch/Snack
- Water Bottle

Campers ARE REQUIRED to bring their own equipment

CAMP ADDRESS

Please use the following address:

Session 1

HALF DAY ONLY

Sullivan Pl

Fairfield, CT 06824

[Map](#)

Oldfield Soccer Fields - Session 2

FULL AND HALF DAY

Sullivan Pl

Fairfield, CT 06824

[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.

Administration of Medication Form

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse)

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

Medication Name _____ Controlled Drug? _____ YES _____ NO _____

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration: Start Date ____ / ____ / ____ Stop Date ____ / ____ / ____

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug: Allergies? YES / NO Reactions to? YES / NO Interactions with? YES / NO

If "Yes" to any of the above, please explain _____

Prescriber's Name _____ Phone Number _____

Prescriber's Address _____ Town _____

☐ Child may self-administer the prescribed medication as directed

Prescriber's Signature _____

Parent/ Guardian Authorization:

I request that medication be self-administered to my child as described and directed above.

Name of Camp _____ Today's Date ____ / ____ / ____

Child's Name _____ Address _____ Town _____

Name of Parent/Guardian Authorizing Administration of Medication _____

Relationship to Child: ____ Mother ____ Father ____ Guardian/ Other Explain: _____

Address: _____ Town: _____ Phone # _____

Signature of Parent/ Guardian Authorizing Administration of Medication _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the camp trainer in accordance with board policy. In a camp, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization: Yes ☐ No ☐

Signature

Date

Parent/Guardian authorization: Yes ☐ No ☐

Signature

Date

Name of Camp Personnel Receiving Written Authorization and Medication _____

Title/ Position _____ Signature (in ink) _____

Individual Plan of Care for Campers

With Special Health Care Needs or Instructions

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

Special health care need or disability:

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.

Other relevant information: (e.g. precautions to be taken to prevent a medical or other emergency)

Signature(s) of the Parent(s):

Date Signed:

NOTE: Section 428-3(a) 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. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Such 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.

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

Signature of the staff responsible for _____ (name of child)

[illegible]