



## 2025 Camp Confirmation Packet

# UNIVERSITY OF MICHIGAN Ann Arbor, MI

## JULY 21 - 24

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

# 2025 Camp Confirmation Packet

## 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.**

# 2025 Camp Confirmation Packet

## 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**

# 2025 Camp Confirmation Packet

## 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

## 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

## 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
- Both UM Waviers pg. 7&8
- BOYS: Lacrosse Stick, Helmet, Elbow Pads, Shoulder Pads, Gloves
- 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
- Toiletries
- Alarm Clock
- Sunscreen
- Key Deposit Check (\$100)
- Portable Fan

## CAMP ADDRESS

Please use the following address:  
University of Michigan  
Bursley Hall  
1931 Duffield St, Ann Arbor, MI 48109

[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.

AUTHORIZATION FOR MEDICAL CARE

To the best of my knowledge, my child/participant is capable of participating safely in the Program and that any activity restrictions, allergies, medications are listed on this form.

I give permission to Program staff to provide routine first aid care and in the event of serious illness or injury, I give Program staff permission to seek and authorize emergency medical treatment. I hold harmless and agree to indemnify the Program and the University of Michigan from any claims, causes of action, damages and/or liabilities arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses, that may derive from any injuries to my child that may occur during his/her participation in this Program.

I understand and acknowledge that my failure to disclose relevant information may result in harm to Participant and/or others during this Program. By signing my name, I represent that I have provided all materials and important information to the Program pertaining to Participant’s medical, mental and physical condition and that it is accurate and complete. I agree to notify the Program of any changes in my mental, physical or medical condition before the Program begins.

Parent/Legal Guardian Name:

Signature:

Cell Phone:

Work Phone:

Date

Parent/Legal Guardian Name:

Signature:

Cell Phone:

Work Phone:

Date



## SINGLE OCCUPANCY WAIVER AND PARTICIPATION AGREEMENT

### PROGRAM/CAMP INFORMATION

Parents and legal guardians are responsible for carefully reviewing all program materials and for selecting programs that are appropriate for their child. Information regarding University of Michigan sponsored programming for children and teens is available at [childrenoncampus.umich.edu](http://childrenoncampus.umich.edu).

Program/Camp Name: GameBreaker Lacrosse Camps (hereafter "Program")  
Date(s): July 21 - 24, 2025  
Location: Bursley Hall

### PARTICIPANT INFORMATION

Name of Participant: \_\_\_\_\_ (hereafter "Participant")  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

### PARTICIPATION AGREEMENT AND WAIVER

I understand, as a safety precaution, that the University of Michigan recommends that minors share a room with another minor child. Risks of single occupancy include, but are not limited to the ability for minors to monitor and help each other in the event of a security breach or injury. We understand that allowing single occupancy places our child at higher risk and assume responsibility for all increased risks associated with allowing single occupancy within the University's residence hall.

I understand that my child's participation in the Program is voluntary and that as a condition of my child's participation, I agree to comply with all Program requirements including, but not limited to: (a) accurately completing all registration forms in a timely manner, (b) ensuring that my child is aware of the Program's standards of conduct; (c) and immediately notifying the Program Administrator of any concerns related to the health, safety or security of my child, other participants, or Program staff.

I understand that as part of my child's participation in the Program that there are dangers, hazards and inherent risks to which my child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Program may involve risks and dangers, both known and unknown, and I have chosen to allow my child to take part in the Program. Therefore, I, and on behalf of my child, have determined that it is reasonable to accept all risk of injury, loss of life or damage to property arising out of training, preparing, participating, and traveling to or from the Program and I do voluntarily accept and assume those risks.

I release the University of Michigan, its Board of Regents, Administration, Faculty, Staff, Graduate Students, and all other officers, directors, employees, volunteers and agents from any claims or liability arising from my child's participation in the Program, provided that such claim is not due to the gross and sole negligence of the released parties.

In the event of an accident, serious illness, or medical emergency (as determined by University staff), I authorize representatives of the University to obtain medical attention for my child, which may include evaluation and/or treatment. I understand that I will be notified of the situation as soon as practicable, but that my child may receive treatment before I am able to be notified. I hold harmless and agree to indemnify the University from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Activity.

I also agree to indemnify the University and all of its employees and agents from any financial obligations or liabilities that my child may cause while participating in the Program, including attorney's fees and court costs resulting from his/her misconduct, errors, or omissions.

I acknowledge that University employees have undergone criminal background checks, but other participants of the event may not have undergone background check screening. As such, the University makes no assertions or assurances with respect to other participants.

This Agreement is governed by and construed under the laws of the State of Michigan without regard for principles of choice of law. Any claims, demands, or actions arising under this Agreement must be brought in the Michigan Court of Claims or a court with applicable subject matter jurisdiction sitting in the state of Michigan and I consent to the jurisdiction of a Michigan court with appropriate subject matter jurisdiction.

I agree that the terms and conditions of this Agreement are binding on my representatives, heirs and assigns.

Parent/Guardian Name

Parent/Guardian Signature:

Date: