GAME BREAKER®
LACROSSE CAMPS

2026 Confirmation Packet

Worcester State University
Worcester, MA

JULY 13 - 15

Dear Parents,
Thank you for registering for our 2026 GameBreaker Lacrosse Clinic! We hope that this clinic will be an unforgettable and exciting opportunity for your athlete 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 clinic Please read this entire packet carefully, as it contains all the forms, important information, and tips you need to set your athlete up for a smooth, successful clinic 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 clinic this summer!

Best Regards,
The GameBreaker Lacrosse Clinic Staff

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OUR MISSION

The GameBreaker Lacrosse Clinics 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 clinic athletes are expected to abide by the clinic 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 clinic without a refund.

FINAL PAYMENT

Final Payments are due in our office by May 15th. Any athlete with a remaining balance will be prohibited from checking into clinic We do not accept final payments at clinic 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 athlete who must cancel their registration more than fifteen (15) days prior to the clinic start date will receive a voucher equal to the full amount of clinic tuition already paid which may be used toward any program or clinic offered by eCamps. If a athlete must cancel their registration fourteen (14) days or fewer prior to the start of clinic, eCamps will issue athlete or Parent a voucher equal to 50% of the clinic tuition, which may be used toward any program or clinic 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. clinic vouchers are not extended to athletes who leave clinic after the start of a session. The $35 registration fee is non-refundable. ***Cash refunds are not offered under any circumstances.***

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CHECK - IN

8:30am on the first day at the athletic fields. athletes should be dressed and ready to play upon arrival each day. We suggest packing a small snack.

CHECK - OUT

Pick up will be at 12:00pm each a day.

HEALTH FORMS

Every athlete must have the attached health history and release form filled out in order to attend clinic Please upload your health forms to your active.com account before the start of clinic

*A physician's signiture is required on this form ONLY if you are attending a clinic in CT, MA or NY. An attached physicians signed physical form from within two years will suffice. clinics in CT require the 'Administration of Medication' form for any medication brought to clinic--this form can be found on LaxCamps.com

CELL PHONE POLICY

Use of phones is not permitted during the instructional blocks of clinic, 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 clinics 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 athletes, 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 clinic We suggest that athletes do not bring expensive personal items such as cameras, iPods/iPads, etc. Please label every article you bring to clinic All items will be the responsibility of the athlete. GameBreaker Lacrosse and its clinic staff are not responsible for lost, stolen or forgotten items.

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

athletes ARE REQUIRED to bring their own equipment

CLINIC ADDRESS

Please use the following address:

Worcester State University
486 Chandler Street
Worcester, MA 01602

Check-in: John Coughlin Memorial Field

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 UPLOAD TO YOUR ACTIVE ONLINE ACCOUNT **AND** BRING COPY TO CAMP CHECK-IN.*

Camp Attending_____

Camper Name_____

Last First Middle Initial

DOB_____ Age_____ Gender_____

Parent/Guardian_____

Address_____

Phone (Home)_____

Phone (Work)_____

*Emergency Contact*_____

*Phone (Home)*_____

*Phone (Cell)*_____

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'sSignature*_____

Physician'sName_____

Date_____

Address_____

Phone_____

PLEASE NOTE: DOCTOR SIGNATURE IS

ONLY REQUIRED FOR CAMPS IN

CT, MA & NY

Insurance Information

*Health Insurance Provider*_____

Policy/ID Number_____

Policy Holder's Name & DOB_____

*Insurance Provider Contact: Phone*_____

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_____

Turberculin_____

Pneumococcal Conjugate_____

Haemophilus Influenza b (HIB)_____

COVID-19 #1 ____ #2 ____ Booster ____

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_____

NOTEMedication will be checked and kept by staff. 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: _____