



Thank you for registering for the GameBreaker
Lacrosse Camp at
(Fairfield University – Fairfield, CT)

We're looking forward to seeing you at camp this summer! We hope that this camp will be an unforgettable and exciting experience for you to improve your skills and work with some of the top coaches from across the country!

Please read the packet below as this information is extremely important. Feel free to call us with any questions at 800.944.7112 or email us at support@laxcamps.com. This packet can be downloaded at <https://laxcamps.com/forms/> under "Fairfield University Camper Packet".

Campers:

July 27-July 30 – Mon-Thursday 8:30am-9am check-in at Rafferty Stadium. Check out daily at 3pm.
Half Day Campers Check out at 12pm
Lunch included

Camp Address

Fairfield University
1073 N Benson Rd
Fairfield, CT 06824

Don't Forget to Tell Your Friends!

Space is still available so remember to tell your friends and teammates about the camp! They can register over the phone or online at www.laxcamps.com

Camp Phone Numbers

GameBreaker Lacrosse Camps Office: 800.944.7112

Health Form

IMPORTANT! Campers will not be admitted to camp without this form!

- **Please fill out and bring to check in on the 1st day of camp.**

Health & Safety

We want to ensure your child a safe and positive environment during their time at camp. Please make sure to fill out the forms below. ***Campers will not be admitted to camp without all the required forms.***

Spending Money and other Valuables

It is not recommended that excessive amounts of cash be brought to camp. Please remind your camper to keep any spending money in a secure place. We also try to discourage campers from bringing electronic devices such as iPods and laptop computers. The GameBreaker Lacrosse Camp is not responsible for the theft or loss of personal items.

Cell Phone Policy

To provide the ideal camper experience, we believe in limiting the use of cell phones and other electronic devices while at camp. 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.

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 can be transferred to a future program or camp within the same calendar year or next calendar year. The voucher is also transferable to another family member and is good for any camp offered by eCamps within one year of the date of purchase. Camp vouchers are not extended to campers who leave camp after the start of a session. **Cash refunds are not offered under any circumstances.**

If eCamps Sports Network is forced to postpone your child's 2020 summer camp due to the facility being closed or by government mandate, you will receive a camp credit voucher for tuition fees paid (never expires, fully transferable & for any sport).

Directions to Fairfield University

For GPS, use this address

Fairfield University

1073 N Benson Rd

Fairfield, CT 06824

Once on campus, proceed to Rafferty Stadium

[Campus Map, CLICK HERE](#)

Packing List

- Sunscreen
- Hand Sanitizer
- Mask
- Lacrosse Stick, Helmet, Pads (Boys), Goggles (Girls)
- Mouth Guard
- Water jug with name labeled on it
- T-Shirt
- Shorts
- **Health Form (with Dr. Signature)**
- **Covid-19 Liability Waiver**
- **Covid-19 Athletic Monitoring Form**
- Administration of Medication Form (if necessary)
- Individual Plan for Care of Campers Form (if necessary)
- **State of CT Informed Consent Form**

All Bolded Forms Listed Above Are REQUIRED at Check-in – Your Camper will NOT be Admitted Without These Forms

eCamps 2020 Camp Procedures

I. Required Camp Forms (MUST BRINGS FORMS TO BE ADMITTED TO CAMP)

- i. [Health Forms](#) & [Admin Medication Form](#) (*CT, NY, MA Doctor signature is REQUIRED*. You can attach a most recent copy of your child's physical form to our cover page. Please sign the Parent Authorization section on our health form)
- ii. Camper Packet
- iii. Camp is a modified format, restricting large groups/contact. Let staff know at check in if your camper is "at risk".
- iv. [Covid-19 Athletic Monitoring Form](#)
- v. [Covid 19 Liability Waiver](#)
- vi. [State CT Informed Consent Waiver](#)
- vii. [CT Camps Only - Individual Care Plan for Camper](#)
 1. An individual Plan of Care is only 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

II. Check-In Process (for first day of camp)

- i. Stagger check in for campers (*2 tables when possible*)
- ii. When in line at check-in tables, please stay 6 feet apart from other camper families while wearing mask/face covering
- iii. Hand in forms from section 1
 1. ***Campers will not be permitted to attend without handing in all forms listed above***
 2. The remaining days for check in will be normal standard drop off procedures
 3. In the event your child cannot attend camp one of the scheduled days, please contact our main office at 800.944.7112
- iv. Staff will designate areas on the field/court where your child will keep their gear, lunch, bottles, and personal belongings for each day (*These areas will remain the same for the entirety of camp*)
- v. Staff will put up signage/guides/landmarks regarding social distancing and cleaning & disinfecting protocols (*please also reiterate to your camper the importance of social distancing prior to camp*)

III. In Camp Procedures (During Camp)

- i. Group Distancing
 1. Consistently remind groups to remain an appropriate distance from the rest of camp and other groups.
 2. Consistently remind groups to maintain social distance as best as possible while in their specific group
 3. Coaches will always wear masks (*when within 6 feet*)
 4. At the beginning of camp, staff will explain to all campers the guidelines to follow regarding socially distancing as well as who/where to go to if feeling ill.
- ii. Equipment/Gear
 1. We will make sure we separate equipment for each group and keep for the same for the whole week
 2. Coaches will be the only ones to handle any shared equipment
 - a. Balls, cages, baskets, cones, etc.
 3. Campers will put all their gear, bags, bottles, and belongings in a designated areas
- iii. Cleaning/Social Distancing
 1. Will use hand sanitizer before and after all breaks.
 - a. We ask that all campers bring their own but we will set up our own sanitizer station.

2. Sanitize gear intermittently throughout the day.
 3. No high fives, handshakes, or contact between anyone.
 4. No sharing of water/bottles/sunscreen
 - a. Staff will make sure to remind campers to apply sunscreen throughout the day and consistently stay hydrated
 5. Staff will wear gloves and mask while disinfecting spaces
- iv. Food/Lunch/Snacks
1. Campers will stay in small groups from their on-field activities
 2. Campers will stay socially distant during lunch
 3. Campers are not allowed to share food/snacks
- v. Information for Parents
1. For safety reasons parents will be discouraged from staying at camp. If you must stay, we ask parents to stay outside of the field perimeters. No visitors will be permitted to stay on site.
 2. Parents are permitted on site when dropping off or picking up their child
 3. If anyone is feeling sick, please stay home
 4. Stress to your child to tell a coach/trainer if they are feeling ill during the day
- vi. Isolation/Infirmary
1. We will have a designated area for anyone who becomes ill during camp
 2. If they are showing symptoms of covid-19, we will notify parents.
 3. Ill camper will be pulled out of camp and will not be readmitted to camp without fulfilling a new pre-screening document after home isolation
 - a. Sick camper will remain in the isolation area with staff until parents come to pick up camper
 4. Isolation areas will be clean and disinfected at the end of each day

IV. Check-Out Process (every afternoon at camp)

- i. Designate group by group to check out. This eliminates large gatherings at the end of day.
- ii. Please be sure to maintain proper social distancing with other camper families at check-out
- iii. Staff will wait until all campers are gone
- iv. Staff will disinfect as much as possible. Equipment, balls, gear, etc
- v. Bathrooms will be cleaned daily with disinfectant.

Addendum Relating to Coronavirus/COVID-19
for eCamps Camp Waiver and Terms and Conditions

This Addendum supplements terms and conditions that apply to your registration as parent or guardian (“**Parent**”) on behalf of your child or ward who you register as an individual Participant (each a “**Participant**”) for a program or camp (“**Camp**”) offered by eCamps, Inc. (“**eCamps**”)

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (“WHO”). COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

Camp cannot prevent Participant from becoming exposed to, contracting, or spreading COVID-19 while participating in the Activities. It is not possible to prevent against the presence of the disease. Therefore, if Parent chooses for Participant to participate in the Activities, there may be an increased risk of Participant’s and Parent’s exposure to or contracting or spreading COVID-19.

ASSUMPTION OF RISK: Parent has read and understood the above warning concerning COVID-19. Parent hereby chooses to accept the risk of Parent and Participant contracting COVID-19 in order for Participant to participate in the Activities. Parent acknowledges that participation at Camp is of such value to Parent or Participant, that Parent and Participant accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to have Participant participate in the Activities.

GOVERNING LAW: The law of the state where the Camp is located shall govern this Addendum.

WAIVER OF LAWSUIT/LIABILITY: Parent hereby forever releases and waives Parent’s and Participant’s right to bring suit against eCamps, and its affiliates and their owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to participation in the Activities. Parent understands that this waiver means Parent gives up Parent’s and Participant’s right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim Parent or Participant may have to seek damages, whether known or unknown, foreseen or unforeseen.

By signing this document, Parent agrees that if Parent or Participant is exposed or infected by COVID-19 during Participant’s participation in the Activities, then Parent may be found by a court of law to have waived Parent’s or Participant’s right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

PARENT HAS CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE PARENT’S AND PARTICIPANT’S RIGHTS CONCERNING LIABILITY AS DESCRIBED.

Signature: _____

Printed Name: _____

COVID-19 Pre-Screening Camp Monitoring Form

Please complete this form and print it out to hand in at check-in on the first day. Please monitor your child daily. This form is intended for self-monitoring of COVID-19 symptoms. If you show any of the below symptoms, please immediately contact the camp office and camp staff
(800-944-7112)

Fever or Chills	Yes	No
Cough	Yes	No
Nasal Congestion or Runny Nose	Yes	No
Sore Throat	Yes	No
Shortness of Breath or Difficulty Breathing	Yes	No
Diarrhea	Yes	No
Nausea or Vomiting	Yes	No
Fatigue	Yes	No
Headache	Yes	No
Muscle or Body Ache	Yes	No
New Loss of Taste or Smell	Yes	No
Temperature (Higher than 100.3)	Yes	No

Participant Name: _____

Date: _____

Camp Location: _____

STATE OF CT INFORMED CONSENT

(this form may be used for staff and parents of children enrolled at a youth camp during the COVID-19 declared emergency)

I hereby attest that I have been informed of the following pertaining to the coronavirus:

- People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from COVID-19 can be found in [CDC's guidance](#). 1 Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.
- Staff and children living in households with individuals who are 65 years and older OR have higher risk for severe illness from COVID-19 are recommended to stay home.

Signature of Staff or Parent/Guardian

Printed Name

Child's Name (if a parent/guardian)

Date

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 _____

Turberculin _____

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 _____

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 _____

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 _____

NOTEAll 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 Yes No

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)** _____

Important Information Regarding the Administration of Medication

In accordance with the Department of Public Health of the State of Connecticut, eCamps Inc. has written policy regarding the administration of medication. Our summer programs limit medication usage to camper self administration (of a school age). Our program will keep the proper documentation on file. If your child brings to camp an Epi-Pen, inhaler or other prescribed oral or topical medication, or a non-prescribed (over-the-counter) oral or topical medication that may need to be provided, camper must be able to self-administer.

Please complete and return the following forms:

Health Record and Release Form

Self-Administration of Medication Form

Be sure to read the Administration of Medication Policy below.

Administration of Medication Policy

eCamps Summer Programs will keep on file the following information:

Prescribed inhalers, Epi-Pens or other medications with parents' consent and a doctor's signature.

Non-prescription oral medications with parent's consent and a doctor's signature

A separate authorization form is needed for each individual medication brought to camp, and each requires both a parent's and a doctor's signature.

Parents Responsibilities

It is the parent's responsibility to inform program staff upon registration that their child has a prescribed inhaler, epi-pen, or other medication. The medication must be maintained privately in the child's bag so as to be inaccessible to other children. Medication forms are required to be signed by parent and physician before the program starts.

Form must include:

The child's name, address, and birth date

The medication name

The prescribed dose

The method of which it will be self-administered (oral, topical, Epi-pen, etc)

The time to be self-administered

The side effects

The prescriber's name and address

Medications must be in their original container and clearly labeled.

Staff Responsibilities

Medication will be self-administered by camper, but under close supervision by a staff member. Parents shall be notified of any administration errors by telephone. The error will be documented in the child's camp record.

Staff will keep accurate documentation of all medications administered by completing the proper paper work, which will be kept in the program director's files.

Individual administration records shall include:

The date the medication was administered

The time it was administered

The dose that was administered

Any comments

If you have any questions about the administration of medication during camp, please contact the Program Directors.

I have read and understood the above policy put forth by eCamps Summer Programs regarding the self administration of my camper's medication.

Parent Signature

Date

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.

