



2017 Camp Confirmation Packet

Dear Parents and Campers,

I'd like to introduce our new Lacrosse and Leadership Camp for Girls to you. I have designed this camp to address a void in the growing lacrosse community. While players are spending time playing for sometimes multiple teams, there appears to be a lack of leadership and team building development. We have found the perfect facility for this camp—Colorado Mountain College. This locale offers us the best of both worlds—a top-notch training environment with several athletic fields, along with a traditional camp setting that comes complete with school dorms, a dining hall, and a nearby adventure park.

At camp, we will help campers learn about being part of something - a team or cause - bigger than themselves. The camp will combine outstanding lacrosse instruction with off-field camp activities designed to promote teamwork and teach leadership skills. At the end of camp, we want all campers to not only be better lacrosse players, but also recognize how as leaders they can be more valuable to their team, their school, and their community.

On behalf of our staff, I look forward to the opportunity to meet and work with you this summer.

Best regards,

Kim Williams, Leadership Director



2017 Girls Lacrosse and Leadership

Our Mission

Lacrosse & Leadership is a summer camp experience where your child will have the opportunity:

- 1) To develop her lacrosse skills.
- 2) To learn what it means to be a great teammate.
- 3) To learn how to become a more effective leader.
- 4) Finally, we will participate in several outdoor activities that will allow your daughter the opportunity to enjoy just “being at camp.”

Health and 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

In the event of a camper having to withdraw prior to the start of the session for any reason, a full camp credit of all camp tuition paid will be offered if the cancellation is up to five days before camp's start date. If the camper cancels within five days of the start of camp, regardless of reason, a camp credit will be given for the amount paid less \$100. The credit is transferable to another family member and is good through the 2018 season. There will be no credit offered for cancellations after the start of the camp session or for campers who leave camp early. Cash refunds are not offered under any circumstances.

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CHECK-IN

Arrival time is at 1-2:30pm on the first day. The front gates will not be open before then. Campers and families will be greeted by camp staff and directed to the dorms for check-in. Dinner will be the first meal served.

CHECK-OUT

Camper departure will be at 12:00pm on the final day. We invite all parents to attend the camp closing ceremonies starting at 9am on this day.

EXTENDED DAY CAMPERS

Beyond the first day, you should plan on arriving dressed and ready to play at 8:30am. Pick up times will vary each day, from 8pm-9pm--a schedule for daily departure will be explained at camp check-in.

HEALTH FORMS

Every camper must have the attached health history and release form filled out in order to attend camp. This form should be brought to camp and handed in at check in- **please do not mail ahead.**

[CONCUSSION INFORMATION FOR PARENTS](#)

*A physician's signature is required. If you cannot get our form signed by a doctor, you can attach a copy of any doctor-signed physical from within 3 years.

Don't Forget to Tell Your Friends!

Camp can be even more fun with a friend. Space is still available,
so remember to tell your
teammates to check out this session at **LaxCamps.com!**

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Checklist of Things to Bring

Below is a suggested list of items to bring to camp. We suggest that campers do not bring expensive personal items such as cameras, iPods/iPads, etc. Cell phones are allowed in the dorms and dining areas, but not on the field during training sessions. Please label every article you bring to camp. All items will be the responsibility of the camper. The camp and its staff are not responsible for lost, stolen or forgotten items.

- Health Form
- Lacrosse Stick, Goggles
- Cleats, sneakers, sandals, hiking shoes
- Mouthguard
- Athletic Socks
- T-Shirts
- Shorts
- Hat
- Sweatshirt/Sweatpants (gets cold at night)
- Off-Field Clothes
- Bedding Linens (Regular Twin)
- Blanket/Sleeping Bag
- Pillow
- Shower Towel
- Bathing Suit / Swim Towel
- Toiletries
- Alarm Clock
- Sunscreen
- Bug Spray
- Portable Fan

Getting to Camp

Colorado Mountain College in Glenwood Springs-Spring Valley is Minutes from Glenwood Springs, this residential campus is a spectacular setting for living and learning. Located seven miles from Glenwood Springs, Colorado, on the road to Aspen, Roaring Fork Campus-Spring Valley offers incredible views of the Roaring Fork Valley, from Mount Sopris to the Continental Divide above Aspen. It is a comprehensive residential campus with residence halls, food service, gym, and a student center.

[Campus Map](#)

[Directions to Colorado Mountain College](#)

Colorado Mountain College Spring Valley
3000 County Road 114
Glenwood Springs, CO 81601

GameBreaker Lacrosse Camps 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 _____

***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 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.