



2019 Camp Confirmation Packet

**Ursuline College
Pepper Pike, OH
June 17-20, 2019**

Dear Parents,

Thank you for registering for our 2019 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



2019 GameBreaker Lacrosse Camp



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.

Core Values

EXCELLENCE – We inspire our campers by providing an unforgettable experience that is the result of a dedicated staff, a progressive instructional curriculum and superior customer service.

FUN – We create lasting memories and friendships at camp by surrounding the campers with a passionate camp staff and a creative daily schedule that fosters meaningful interaction with all campers. We always remember that after all, this is camp!

IMPROVEMENT – We provide a unique opportunity for campers to improve their game through personal attention, setting goals and an energetic staff that is committed to the individual development of each camper.

SAFETY – We promote a safe and healthy camp environment by providing a responsible staff that supervises all camp activities and who are trained to be role models for our campers both on and off the field.

SPORTSMANSHIP – We practice teamwork through leadership opportunities that lead to on-field lessons of integrity, honesty and mutual encouragement.

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 following 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. For families with a credit, there is no guarantee that camps will be held in the same location each year.

2019 GameBreaker Lacrosse Camp



CHECK-IN

Check in on the first day of camp will be between 12-1pm. Dinner will be the first meal served. All campers should arrive dressed and ready for their first session. Check-in will take place at the dorms which will be announced two weeks before camp starts.

CHECK-OUT

Campers will check out at 11:15am at the check-in location. Parents are encouraged to attend the morning session of games on the last day starting at 9am! Check-out will occur immediately after the closing ceremony.

EXTENDED DAY CAMPERS

Beyond the first day, you should plan on arriving dressed and ready to play at 8:30am. Pick up will be at 8:30pm the after the evening session. Lunch and dinner are included.

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 check-out when your camper's key is turned 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 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

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!

2019 GameBreaker Lacrosse Camp



Cell Phone Policy

In order 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.

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.

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. GameBreaker Lacrosse and its camp staff are not responsible for lost, stolen or forgotten items.

- Health Form
- Authorization of Medication Form for any medication brought to camp (Connecticut Camps ONLY)
- GIRLS: Lacrosse Stick, Goggles
- Cleats, sneakers, hiking shoes optional
- Mouthguard (check out SisuGuard.com)
- Athletic Socks
- T-Shirts
- Shorts
- Sweatshirt
- Off-Field Clothes
- Bedding Linens
- Pajamas
- Blanket/Sleeping Bag
- Pillow
- Shower Towel
- Bathing Suit / Swim Towel (pool use not yet confirmed)
- Toiletries
- Alarm Clock
- Sunscreen
- Key Deposit Check (\$100)

Camp Address (Drop off location)

Please use the following address:

Ursuline College
2550 Lander Rd
Pepper Pike, OH 44124

[Campus Map](#)

Need Gear for Camp? Check out Lax.com!



PARTICIPATION AND USE AGREEMENT, WAIVER & RELEASE OF LIABILITY

(Minor - Under 18)

**THIS IS A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS IN WHICH YOU ASSUME ALL RISKS.
PLEASE READ THIS AGREEMENT FULLY AND CAREFULLY BEFORE SIGNING.**

This Participation and Use Agreement, Waiver & Release of Liability (“Agreement”) is entered into between Ursuline College, its members, trustees, officers, employees, representatives, volunteers, agents, insurers, attorneys, successors, and assigns (collectively referred to as the “Released Parties”) and the undersigned “Parent(s)” or “Guardian(s)” on her/his/their own behalf and on behalf of the minor participant listed below (“Minor”).

In consideration of Minor’s attendance at and/or participation in activities and programs hosted or sponsored by Ursuline College, whether on- and off- campus (“UC Activities & Programs”), I/We, individually and as Parent(s) or Guardian(s) of the Minor, acknowledge and agree as follows:

I/We fully understand and appreciate the significant dangers, hazards, and risks associated with every facet of Minor’s attendance at and/or participation in UC Activities & Programs, including all forms of travel to and from UC Activities & Programs. These dangers, hazards, and risks include: property damage, illness, bodily injury, disability, loss of limb, and death. I/We consent to Minor’s attendance at and/or participation in UC Activities & Programs and fully accept and assume all such dangers, hazards, and risks associated with Minor’s attendance at and/or participation in UC Activities & Programs. I/We further acknowledge and understand that Ursuline College does not require Minor to attend or participate in UC Activities & Programs, but that Minor wishes to do so voluntarily and I/We approve and consent, despite the possibility of such dangers, hazards and risks, and despite having carefully read and executed this Agreement. I/We also understand that while Ursuline College is not responsible for providing Minor with transportation to or from UC Activities & Programs, if Ursuline College chooses to provide such transportation upon the request of Minor or Minor’s Parent(s) or Guardian(s), I/We fully accept and assume all dangers, hazards, and risks associated with such transportation.

I/We, both individually and on behalf of Minor, do hereby knowingly, voluntarily, irrevocably, and unconditionally release, waive, hold harmless, acquit, and forever discharge the Released Parties from and against any and all claims, demands, grievances, promises, controversies, complaints, judgments, actions, causes of actions, obligations, liabilities, losses, debts, damages, expenses, attorneys’ fees and costs, suits at law or in equity of any nature whatsoever (collectively referred to hereafter as “Claims”) that I/We or Minor may have or may hereafter accrue to our benefit, which arises out of or in any way is in relation to Minor’s attendance at and/or participation in UC Activities & Programs. I/We agree that if any person on behalf of Minor pursues one or more Claims against any of the Released Parties, I/We will indemnify and hold harmless each and all of the Released Parties from and against any and all Claims pursued.

I/We understand that Ursuline College does not have medical personnel ready and available at UC Activities & Programs, whether they occur on- or off- campus. I/We do hereby grant Ursuline College permission to authorize emergency medical treatment for Minor, if necessary, and that such action by Ursuline College shall be subject to the terms of this Agreement. I/We further understand and agree that the Released Parties assume no responsibility or liability for any harm, illness, bodily injury, disability, loss of limb, or death which might arise out of or in connection with such authorized emergency medical treatment. I/We understand that this Agreement covers all Claims arising in whole or in part by any act or omission of the Released Parties in connection with Minor’s attendance at and/or participation in UC Activities & Programs, including but not limited to claims of negligence, gross negligence, expressed or implied warranty, failure to supervise a minor, negligent or gross negligent rescue operations, first aid or emergency care.

I/We understand and agree that this Agreement is intended to be as broad and inclusive as permitted under applicable law and shall be governed by the laws of the State of Ohio. In the event of a dispute, the exclusive jurisdiction and venue for any lawsuit arising out of such dispute shall be the state or federal court located in Cleveland, Ohio. If any provision of this Agreement is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this document had been executed with the invalid provision omitted.

I ATTEST THAT I AM THE PARENT/GUARDIAN OF THE BELOW NAMED MINOR AND CAN LEGALLY ENTER INTO THIS AGREEMENT ON BEHALF OF MINOR. I FURTHER ATTEST THAT IF I AM THE SOLE PARENT/GUARDIAN SIGNING BELOW, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE MINOR’S ATTENDANCE AT AND/OR PARTICIPATION IN UC ACTIVITIES & PROGRAMS AND IS BINDING FOR PURPOSES OF THIS AGREEMENT.

I FURTHER ATTEST THAT I AM FULLY COMPETENT TO ENTER INTO THIS AGREEMENT AND THAT I AM FULLY AWARE THAT BY SIGNING THIS AGREEMENT I ASSUME ALL RISKS AND WAIVE AND RELEASE CERTAIN LEGAL RIGHTS THAT I, ON BEHALF OF MYSELF AND THE MINOR AND EACH OF OUR HEIRS, NEXT OF KIN, FAMILY, RELATIVES, GUARDIANS, CONSERVATORS, EXECUTORS, ADMINISTRATORS, TRUSTEES AND ASSIGNS MAY HAVE AGAINST THE RELEASED PARTIES.

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.