

# LEADERSHIP CAMPS



FOXCROFT SCHOOL  
MIDDLEBURG, VA

JULY 29 – AUGUST 2, 2024

Dear Parents and Campers,

We'd like to introduce our new Lacrosse and Field Hockey Leadership Camp for Girls to you. We have designed this camp to address a void in the growing lacrosse and field hockey communities. 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—Foxcroft School. 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,

Girls Lacrosse, Field Hockey & Leadership Camps

# 2024 Lacrosse, Field Hockey & Leadership Camp

## OUR MISSION

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

- 1) To develop his lacrosse/field hockey 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 child the opportunity to enjoy just being a “kid”.

## 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.**

# 2024 Lacrosse, Field Hockey & Leadership Camp

## CAMP CHECK - IN

Arrival time is between 12-1pm on the first day at Dorm TBA. The front gates will not be open before then. Campers and families will be greeted by camp staff and directed to the appropriate check-in locations. Dinner will be the first meal served.

## CAMP CHECK - OUT

Camper departure will be at 12pm on the final day.

Games will be played from 9:30am - 11:15am

Closing ceremonies will take place between 11:15am - 11:45am

## 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.

# 2024 Lacrosse, Field Hockey & Leadership Camp

## 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 physician's 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

### CONCUSSION INFORMATION FOR PARENTS

## 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.

# 2024 Lacrosse, Field Hockey & Leadership Camp

## 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 Revolution Field Hockey 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
- Lacrosse Stick, Goggles - For Lax Campers
- Field Hockey Stick, Shin Guards - For FH Campers
- Multi Sport Campers - Bring Both Sets of Gear
- 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
- Toiletries
- Alarm Clock
- Sunscreen
- Bug Spray
- Portable Fan
- Journal (with 50 pages or more)
- Pen, Pencil
- Yoga Mat

## CAMP ADDRESS

Please use the following address:  
Foxcroft School  
22407 Foxhound Lane  
Middleburg, VA 20117

[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 \_\_\_\_\_

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 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.