

University of Notre Dame

Strength and Agility Summer Training Camp



WHO: FEMALE & MALE ATHLETES, ENTERING GRADES 8-12

WHERE: GUGLIELMINO COMPLEX-UNIVERSITY OF NOTRE DAME

WHEN: Monday, June 4 – Thursday, June 7 5:30 – 7:30

COST: PRE-REGISTRATION \$80.00-ATHLETE (Postmarked by 5/28/07)

LATE/WALK UP REGISTRATION \$90.00-ATHLETE

Topics to be covered:

**PRINCIPLE & TECHNIQUES OF STRENGTH TRAINING, FLEXIBILITY, AGILITY
SPEED DEVELOPMENT, POWER TRAINING, PLYOMETRICS, SPORT SPECIFIC
DRILLS, INJURY PREVENTION, NUTRITION SESSION**

For Application Information: Shawn Gaunt sgaunt@nd.edu or call 631-7353



Notre Dame Strength and Agility Summer Training Camp

APPLICATION FORM

Name _____

Street Address _____

City, State, Zip _____

Home Phone _____

E-mail Address _____

School, University, Club _____

Age (as of June 1, 2007) _____ Current grade in school _____

Sport (s) _____

Male Female

Athlete

Camp Fees:

Pre-registration: \$80.00-Athlete (Postmarked by May 28, 2007)

Walk-Up Registration: \$90.00-Athlete

Make Checks or Money Orders Payable to: ***The University of Notre Dame***

Send registration and payment to:

Shawn Gaunt

102F Guglielmino Center

Notre Dame, IN 46556



**2007 Strength & Agility Summer Training Camp
Consent to Treatment Limitation & Waiver of Liability**

In partial consideration of our child's acceptance into the Notre Dame Strength & Agility Summer Training Camp , I/We as parents and/or legal guardians of _____ do hereby agree to limit the liability of the Notre Dame Strength & Agility Summer Training Camp, the University of Notre Dame, its employees, agents, officers, staff, and physicians, to the coverage of the medical insurance policy covering athletes in the Notre Dame Strength and Speed Camp as explained in this brochure, which we have read and understand. I/we further agree to waive all liability of the Notre Dame Strength & Agility Summer Training Camp, the University of Notre Dame, its employees, agents, officers, staff and physicians, for any accident, injury (including death), illness or other mishap which might befall the above-named camper while traveling to or from, or during his attendance at the Notre Dame Strength & Agility Summer Training Camp, which is not covered by said medical insurance policy.

Further, I/we hereby grant permission to the staff and physicians of the University of Notre Dame, any medical or surgical consultant deemed advisable, and any hospital to render to the above-named camper any medical and surgical treatment that they deem necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment.

Parent or Legal Guardian's Name (printed)

Signature

Phone: Day

Phone: Emergency



Camper's Health Form

To be completed and signed by camper's parents or legal guardians

| | | |
|---|---|--------------------------|
| Y | N | Asthma |
| Y | N | Bleeding Disorders |
| Y | N | Convulsions / Seizures |
| Y | N | Diabetes |
| Y | N | Head Injury / Concussion |
| Y | N | Heart Disease |
| Y | N | Rheumatic Fever |

Allergies to drugs _____

Allergies to foods _____

Current medications _____

Last Tetanus Immunization (date) _____

Chronic or recurring illnesses _____

Operations / Injuries (including date) _____

Physical Restrictions* _____

Physician Telephone _____

Dentist Telephone _____

Medical Insurance _____

Policy Number _____

Parent Authorization / Release of Information

This health history is correct to the best of my knowledge and my son / daughter has my permission to participate in camp activities with the exception of those noted above.*

I authorize University of Notre Dame Health Services to release medical information regarding the above named participant to interested parties including parents and family physician.

PARENT OR LEGAL GUARDIAN MUST SIGN