

Schedule & Details

The IEL will run for 5 consecutive Sundays; September 25, October 2, 9, 16, 23, The league will run from 1:30-3:30 pm, and includes 60 minutes of flag football, and 45 minutes of the Play Like a Champion Education Program (15 minute break in between sessions.) **On October 23, we will have our final session of the Irish Experience League on campus at Notre Dame with championship games, tailgating, and fun for family and friends of children participating in the league!** Details will be released before the event.

Ages:

Open to boys and girls in 5th, 6th, 7th and 8th grades (Younger children are welcome to come, observe and play pick up games, but the league is restricted to boys and girls in grades 5-8.)

Dress & Conduct:

Campers will be given a free t-shirt that they are expected to wear to every session. IEL participants will be expected to dress ready for athletic activities, wearing cleats and appropriate athletic attire. There will be zero tolerance for inappropriate language or disrespectful behavior. The IEL will place a strong emphasis good sportsmanship and treating each other with respect.

Registration:

Registration forms can be turned in at St. Augustine Catholic Church, the Martin Luther King Center, and the Robinson Community Learning Center...Direct questions to: (574) 631-8788 or ndcamps@nd.edu

The IEL is sponsored by:

**PLAY LIKE
A CHAMPION
TODAY**



***COME ENJOY THE FUN WITH
NOTRE DAME
STUDENT-ATHLETES!***

THE IEL INCLUDES:

- 5 consecutive weeks of fun, exciting and competitive flag football games.
- Play Like A Champion classroom lessons on health, wellness & life skill development.
- **IRISH EXPERIENCE DAY at NOTRE DAME** on the last day of the league, October 23rd.
- Fun with Notre Dame varsity athletes!
- **GIRLS & BOYS DIVISIONS!**
- **TWO LOCATIONS:**
 - *Martin Luther King Center (Westside)
 - *North East Neighborhood (Kelly Park)
- Direct questions to the office of Youth and Community Programs in the Notre Dame Athletics Department at: (574) 631-8788 or ndcamps@nd.edu

***Excellence, Education, Tradition,
Faith and Community***

THIS IS THE IRISH EXPERIENCE



***Excellence, Education, Tradition,
Faith and Community***

IRISH EXPERIENCE LEAGUE

The Irish Experience League is a flag football & life skills development program designed to embody the five pillars of success of the Notre Dame Athletic Department; Excellence, Education, Tradition, Faith and Community. These series of camp sessions are designed to give children in the South Bend Community the opportunity to experience a structured afternoon of athletic competition and have their talents, gifts and abilities nurtured and developed within the holistic philosophy carried out by the Notre Dame Athletics Department. The goal of this program is to give local youth a taste of the 360 degree human development that our athletes experience – THE IRISH EXPERIENCE!

September 25, October 2, 9, 16 & 23

REGISTRATION

Application, Consent to Treatment and Health form must be completed prior to participation.

Turn in to St. Augustine Catholic Church, the Martin Luther King Jr. Center, or the Robinson Community Learning Center.

Direct questions to: (574) 631-8788 or ndcamps@nd.edu

Camper Name: Last First MI

Street Address

City State Zip

Parent or Guardian Phone Number

Parent or Guardian Email address (If Applicable)

Grade Date of Birth

Camper Sex: Male or Female (Circle one)

Camper t-shirt size (Adult sizes circle one):

Small Medium Large X-Large

Location you will participate at (circle one):

West Side Neighborhood (MLK Center)

North East Neighborhood (Kelly Park)

Medical Information:

List ANY Medical concerns, conditions, and/or allergies:

WAIVER AND CONSENT

WAIVER OF LIABILITY: In consideration of my child's acceptance and participation in the University of Notre Dame ("Notre Dame") (Camp/Clinic), I individually and on behalf of my minor child, do hereby release and forever discharge Notre Dame and its officers, trustees, employees, contractors and representatives from all liability of any kind for any claim, demand, action, cause of action, damage, judgment, cost or expense that arises out of, occurs during or relates in any manner to my child's participation in, attendance at, activities at, or incidental to the aforementioned (Camp/Clinic). In the event of an accident, injury (including death), illness or other damage sustained by my child while traveling to or from, or during his or her attendance at, the Notre Dame (Camp/Clinic), I understand and hereby acknowledge that my only remedy and my child's only remedy will be the coverage, if any, provided by the medical insurance policy covering participants in the (Camp/Clinic) as explained in this brochure and set forth in the insurance policy. I also understand and acknowledge that Notre Dame may transport my child to off-site athletic facilities. I ALSO GIVE REPRESENTATIVES OF THE CAMP/CLINIC THE RIGHT TO PROVIDE TRANSPORTATION FOR MY CHILD TO & FROM THE CAMP/CLINIC. I, individually and on behalf of my minor child, do hereby release and forever discharge Notre Dame and its officers, trustees, employees, contractors and representatives from all liability of any kind for any claim, demand, action, cause of action, damage, judgment, cost or expense that arises out of, occurs during or is related to, in any, the travel to off-site athletic facilities in connection with the (Camp/Clinic).

PUBLICITY CONSENT: I hereby give Notre Dame, its assigns, contractors, licensees, and legal representatives the irrevocable right to use my minor child's name, picture, voice and/or likeness in all forms and media and in all manners for advertising, for promotion, or for any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection with my child's participation or attendance at the (Camp/Clinic).

MEDICATION AND WAIVER OF LIABILITY: I also understand and acknowledge by my signature below that Notre Dame does not have the medical staff or resources available during the (Camp/Clinic) to store or administer prescription or non-prescription medications for my child. I have decided that my child is capable of taking his or her own medication(s) throughout his or her stay at Notre Dame, or that one of my child's parents or his or her legal guardian will be personally present and available to administer the medication to my child throughout the camp. If my child possesses any medications (prescription or non-prescription), I understand that it will be my child's sole responsibility to safeguard and self-administer the medication at all times. Notre Dame will not be responsible for lost or stolen medication(s). I, individually, and on behalf of my child and our respective heirs, successors, personal representatives and assigns hereby release and forever discharge Notre Dame and its officers, trustees, employees, contractors and representatives from all liability of any kind for claim, demand, action, cause of action, damage, judgment, cost or expense that arises out of or relates in any manner to the use, misuse, theft, loss or failure to adequately safeguard my child's medication at any time.

CONSENT TO TREATMENT: I hereby grant permission to the staff and physicians at Notre Dame, and any other medical provider deemed advisable by Notre Dame, to render the above named camper any medical or surgical treatment that they deem necessary in an emergency. I understand that Notre Dame will make all possible effort to inform me in the event of such treatment.

PARENT AUTHORIZATION /RELEASE OF INFORMATION: The Camper's Health Form is correct to the best of my knowledge and my child has my permission to participate in camp activities with the exception of those noted above. I authorize University of Notre Dame medical providers to release medical information regarding my child to interested parties, including parents and family physician. I have read the WAIVER OF LIABILITY, PUBLICITY CONSENT, MEDICATION AND WAIVER OF LIABILITY and CONSENT TO TREATMENT provisions above, fully understand their terms, understand that I give up substantial rights by signing below, and sign below freely and voluntarily without any inducement.

Parent or Legal Guardian Name (printed)

SIGNATURE

PHONE: Day

Night

PHONE: Emergency

INSURANCE

Accidental death and dismemberment coverage is provided according to schedule with a maximum principal sum of \$1,000; medical expense coverage is provided with a maximum of \$50,000. Claims up to \$250 per claim are paid on a primary basis; claims over \$250 (to a maximum of \$50,000) are paid on an excess basis, meaning that family or employer group coverage must pay its maximum first. This refers to medical expenses incurred because of injury sustained during scheduled and supervised camp/clinic activities. Hernias are not covered. The contracting of illness or disease by campers is not covered under this plan. Payment for medication and/or hospitalization needed by camper as a result of illness or disease is the responsibility of the camper and his/her parents. Any additional coverage desired will also be the responsibility of camper's parents/guardian.

The Irish Experience League is open to any and all
5th, 6th, 7th and 8th graders.