



Notre Dame



Irish Baseball Academy 2017

CAMP OVERVIEW

The University of Notre Dame is offering an Irish Baseball Academy that is an excellent opportunity for youth players to be instructed by the University of Notre Dame Baseball staff and players. The participants will be instructed in all aspects of hitting including mechanics, pitch recognition, mental approach, and drill work. We will also spend time working on defensive fundamentals and skill work. These sessions will offer personal and group instruction. Attention is given to proper working habits and drill execution to enhance the skill level of each individual.

GROUP DATES & TIMES

Monday nights starting **February 13th** thru **April 3th** (no March 13th)

- February 13th, 20th, 27th
- March 6th, 20th, 27th
- April 3rd

6:00-7:00pm ages 6-9

7:15-8:15pm ages 10-12

**adjustments might be made for proper group placement regardless of age*

TUITION

The Irish Baseball Academy has a onetime fee of \$150 for all 7 sessions. It is the player's responsibility to attend each scheduled session on Monday nights. A missed session will not be rescheduled.

Single sessions are available for \$30 per session.

WHO CAN ATTEND

The academy is open to players ages 6-12. We will allow only a finite number of players at each age, so applicants are encouraged to register as early as possible.

SITE AND FACILITY

The Irish Baseball Academy will take place in the Notre Dame's indoor hitting facility located at beautiful Frank Eck Stadium. Our hitting facility has six batting cages and state of the art pitching machines.

APPLICATION PROCEDURE

All prospective players must submit a completed application form. Applications will be processed on a first-come, first-served basis until all groups are filled. Acceptance of a player will be verified upon receipt of the application with full payment. **Please note that it is extremely important to provide a valid email address, as our confirmation and all communication will be sent via email.** Please make checks payable to **Notre Dame Baseball**. Credit card payments will not be accepted.

Application, Consent to Treatment, and Health Form must be completed and sent, along with FULL payment, to:

University of Notre Dame
Baseball Office
202 Joyce Center
Notre Dame, IN 46556

INSURANCE

Accidental death and dismemberment coverage is provided according to schedule and with a maximum principal sum of \$1,000; medical expense coverage is provided with a maximum coverage of \$50,000. Claims up to \$250 per claim are paid on the primary basis, without regard to any coverage parents might have. Claims exceeding \$250 per claim will be paid on the excess basis, meaning that family or employer coverage must pay its maximum first. This refers to medical expenses incurred because of any injury sustained during scheduled and supervised camp activities. Hernias are not covered. The contracting of illness or disease by camper 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 parents. Any additional coverage desired will also be the responsibility of his parents

GENERAL INFORMATION

Each player must bring their own baseball equipment. Players will need their own bat, glove, batting gloves, helmets, and turf/running shoes. **If you have any questions concerning the academy, please contact the coordinator, Coach Robert Youngdahl, at (574) 631-6577, or through email at baseball@nd.edu.**



**NOTRE DAME
IRISH BASEBALL ACADEMY**

Name: _____
 Address: _____
 City: _____
 Little League Organization: _____
 Height: ____ Weight: ____

Age as of 2/13/17: _____
 Phone Number: (____) _____
 State: _____ Zip: _____ T-shirt Size: _____
E-Mail (required): _____

CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY

In partial consideration of my child's acceptance into the Notre Dame Irish Baseball Academy, I, as parent and/or legal guardian of _____ do hereby agree to limit the liability of the Notre Dame Irish Baseball Academy, the University of Notre Dame, its employees, agents, officers, staff and physicians, to the coverage of the accident and medical insurance policy* covering participants in the Notre Dame Irish Baseball Academy. I further agree to waive all liability of the Notre Dame Irish Baseball, 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, including any loss, claim, demand or suit that my child might assert once he/she attains the age of majority, while traveling to or from, or during his/her attendance at the Notre Dame Irish Baseball Academy, which is not covered by said accident and medical insurance policy.

Further, I 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 understand that all possible effort will be made to inform me in case of such treatment.

Parent/Legal Guardian's Name (printed): _____ Signature: _____
 Day Telephone: (____) _____ Night Telephone: (____) _____
 Emergency Contact: _____ Emergency Telephone: (____) _____

*Specific details regarding the insurance policy is available through the Risk Management & Safety Department (574) 631-6975

PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

The following health history is correct to the best of my knowledge and my son has my permission to participate in camp activities with the exception of those noted below*. I authorize the University of Notre Dame to release medical information regarding the camper to any person or entity to whom the University of Notre Dame refers the camper for medical treatment.

Parent or Legal Guardian Must Sign Here: _____

CAMPER'S HEALTH FORM

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

_____ Asthma _____ Diabetes _____ Heart Disease _____ Rheumatic Fever
 _____ Bleeding Disorders _____ Convulsions/Seizures _____ Head Injury/Concussions

Allergies to Drugs: _____ Allergies to Foods: _____

Last Tetanus Immunization (date): _____

Current Medications: _____

Chronic or Recurring Illnesses: _____

Operations/Injuries (include dates): _____

Physical Restrictions*: _____

Physician Telephone: (____) _____ Dentist Telephone: (____) _____

Medical Insurance: _____ Policy Number: _____

I have read and I understand the camp program and application process as described in this brochure.

Parent or Legal Guardian Must Sign Here: _____