

# Notre Dame Football Youth Day Camp

June 23-25, 2008  
9:00 am – 12:00 pm



**REGISTRATION:** June 23, 2008 from 8:00 am to 9:00 am; additional information in Confirmation Packet

**\*\*Note:** Only parent/legal guardian can register camper as a “walk-up”

**ELIGIBILITY:** Any child who, in June 2008, will have completed grades 2-5.

**FEE:** \$120 Pre-Registered; \$135 Walk-up

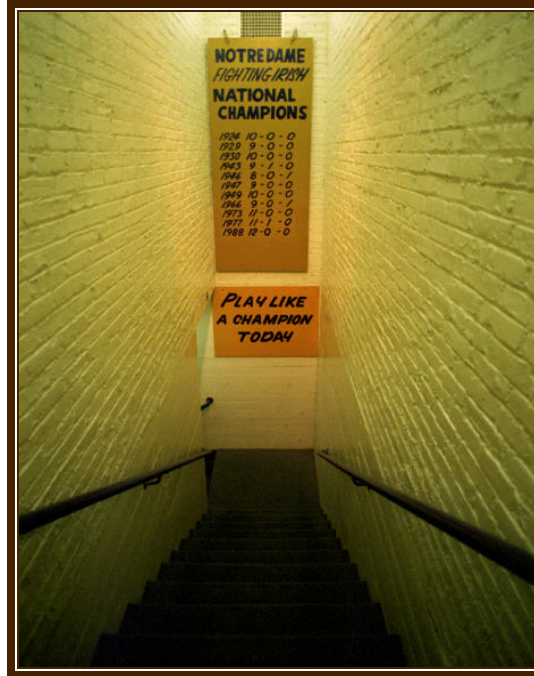
**Includes:**

- 3 days of individual & group instruction
- Stadium Tour
- Camp Picture

**STAFF:** The camp staff is comprised of Notre Dame® coaches, support staff and current players

**DROP OFF & PICK UP:** 9:00 am & 12:00 pm; additional information in Confirmation Packet

**HAVE FUN!  
LEARN WITH FRIENDS!**



University of Notre Dame®

P.O. Box 767

Notre Dame, IN 46556-5678

Phone: (574) 631-8788



**NOTRE DAME FOOTBALL  
YOUTH DAY CAMP**



**JUNE 23-25**

**2008**

**9:00AM – 12:00PM  
(GRADES 3-6)**

**WORK WITH THE NOTRE DAME  
COACHING STAFF AND  
PLAYERS!**

**Application, Consent to Treatment, and Health Form must be completed and sent along with FULL payment to the Camp Office for enrollment.  
No Deposits Accepted.**

**2008 APPLICATION  
NOTRE DAME® FOOTBALL  
SUMMER YOUTH DAY CAMP**

P.O. Box 767  
Notre Dame, IN 46556-5678  
Phone: (574)-631-8788

**JUNE 23-25, 2008 9:00 AM - 12:00 PM**

Register early. CAMPS DO SELL OUT

**CAMPER'S HEALTH FORM**  
*To be completed and signed by camper's parents or legal guardians*

- |                           |     |    |
|---------------------------|-----|----|
| - Asthma                  | YES | NO |
| - Head Injury/Concussions | YES | NO |
| - Bleeding Disorders      | YES | NO |
| - Heart Disease           | YES | NO |
| - Convulsions/Seizures    | YES | NO |
| - Rheumatic fever         | YES | NO |
| - Diabetes                | YES | NO |

CAMPER'S NAME: LAST FIRST MI

ADDRESS: STREET CITY

STATE ZIP PHONE

GRADE (IN FALL 2008) AGE (DURING CAMP)

HEIGHT WEIGHT

**DAY CAMP : \$120.00 (PRE-REGISTERED FEE)**  
**\*\*MUST BE POSTMARKED BY JUNE 16<sup>th</sup>**

**WALK-UP FEE: \$135**

**JUNE 23-25, 2008**

Payment By: Check MasterCard Visa

*Please make checks payable to the Notre Dame Football Youth Day Camp. Please send check and application to the address on next panel. Checking account debit cards will not be accepted. If an accepted day camp application is withdrawn for any reason prior to the start of the camp, you will receive a refund less a \$30 cancellation fee.*

CARD # EXP. DATE

CARDHOLDER NAME (PRINT) SIGNATURE

PHONE: (HOME) (WORK)

**CONSENT TO TREATMENT  
LIMITATION AND WAIVER OF LIABILITY**

In consideration of my child's acceptance in the Notre Dame Football Youth Day Camp, I individually and on behalf of my minor child, do hereby release and forever discharge the University of Notre Dame du Lac 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 which 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 summer camp. 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 Summer Sports Camp(s), 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 Notre Dame Summer Sports Camps as explained in this brochure and set forth in the insurance policy. I hereby grant permission to the staff and physicians of the University of Notre Dame and any other medical provider or surgical consultant deemed advisable by Notre Dame, and any hospital or similar facility, to render the above-named camper any medical, surgical, or other treatment that they deem necessary. I understand that the University will exercise its best efforts to inform me in the event of such treatment.

I also understand and acknowledge by my signature below that the University of Notre Dame does not have the medical staff or resources available during summer camps to store or administer prescription or non-prescription medications for my child. I have decided as the child's parent or legal guardian that my son or daughter 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. I know that Notre Dame staff will not store or administer medications, prescription or non-prescription, for my child during the camp. If I decide that my child can take his or her own medication during camp, I will make arrangements, as needed, to remind my child to take his or her medication. If my child possesses any medications (prescription or non-prescription) during camp, I understand that it will be my child's sole responsibility to safeguard and self-administer the medication at all times. The University 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 the University 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 which 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. I also understand and acknowledge that the University of Notre Dame may transport my child to off-site athletic facilities. I, individually and on behalf of my minor child, do hereby release and forever discharge the University of Notre Dame du Lac 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 which arises out of, occurs during or is related to, in any, the travel to off-site athletic facilities.

PARENT/LEGAL GUARDIAN'S NAME (printed)

SIGNATURE DATE

PHONE: DAYTIME EVENING

PHONE: EMERGENCY

**PLEASE DO NOT USE STAPLES**

FOR OFFICE USE ONLY:

CAMP CODE

AMOUNT

CK # / B-\_\_\_\_\_

Allergies to Drugs: \_\_\_\_\_  
Allergies to Foods: \_\_\_\_\_  
Last Tetanus Immunization (date): \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Chronic or recurring illnesses: \_\_\_\_\_  
Operations/Injuries (including dates): \_\_\_\_\_  
Physical Restrictions\*: \_\_\_\_\_  
Physician Telephone: \_\_\_\_\_  
Dentist Telephone: \_\_\_\_\_  
Name of Insurance: \_\_\_\_\_  
PH. # for Claims: \_\_\_\_\_  
Contract #: \_\_\_\_\_  
Group #: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Employer Phone #: \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_

**Parent Authorization/ Release of Information**

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

PARENT/GUARDIAN SIGNATURE

**Refund Procedures**

If an accepted application is withdrawn for any reason up until 8 days prior to the start of the camp session, you will receive a refund less a \$30 cancellation fee. No refund will be issued within 1 week of a camp session's start date.

**Parent or legal guardian must sign:  
I have read and understand the camp refund procedures described in this brochure.**

PARENT/GUARDIAN SIGNATURE