

**2009 Application
NOTRE DAME
SUMMER FOOTBALL CAMP**

University of Notre Dame
P.O. Box 767 • Notre Dame, IN 46556
(574) 631-8788 University Camps
SESSION I • JUNE 14-17 SESSION II • JUNE 28-JULY 1
Additional brochures can be found at und.com

CONSENT TO TREATMENT • LIMITATION AND WAIVER OF LIABILITY

In consideration of my child's acceptance in the Notre Dame Summer Football 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 OR LEGAL GUARDIAN'S NAME (printed)

SIGNATURE _____ DATE _____

() _____ () _____

PHONE: Day _____ Night _____

() _____

PHONE: Emergency _____

FOR OFFICE USE ONLY:	CAMP CODE _____ AMOUNT _____
	CK# _____ / B- _____

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.**

CAMPER'S NAME: Last _____ First _____ MI _____

ADDRESS: Street _____ City _____

State _____ Zip _____ Telephone _____

School Attending in Fall 2009 _____

Grade in Fall _____ Height _____ Weight _____

Position Played (circle one offense, one defense, and kicking if applicable): _____ **Shirt Size:**

Offense	Defense	Kicking	M	XXL
QB RB	DL	K	L	XXXXL
WR TE	LB	P	XL	
OL	DB	LS		

SESSION I: June 14-17, Grades 7-12 **SESSION II:** June 28-July 1, Grades 9-12
Please circle session of choice and whether you wish to be a Boarder or Non-Boarder
BOARDER \$410 NON-BOARDER \$350

PAYMENT BY: Check MasterCard Visa

Please make checks payable to the Notre Dame Football Camps. Please send check and application to the address above. Checking account debit cards will not be accepted.
In accordance with NCAA regulations, a high school student's expenses must be paid by the student's parent or legal guardian. No third party payment will be accepted.

CARD # _____ EXP. DATE _____

CARDHOLDER NAME (print) _____

SIGNATURE _____

() _____ () _____

PHONE: Home _____ Work _____

ADDRESS: (If different from above) _____

Camper's Health Form

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

Asthma Head Injury/Concussions

Bleeding Disorders Heart Disease

Convulsions/Seizures Rheumatic Fever

Diabetes

Allergies to Drugs _____

Allergies to Foods _____

(that require dining hall intervention)

Last Tetanus Immunization (date): _____

Current Medications: _____

Chronic or recurring illnesses: _____

Operations/Injuries (including dates): _____

Physical Restrictions*: _____

Physician Telephone _____

Dentist Telephone _____

Name of Insurance _____

Telephone Number for claims _____

Contract Number _____

Group Number _____

Name of Employer _____

Employer Phone Number _____

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

Parent or legal guardian must sign