

**Notre Dame®
Football
7 on 7
Team Camp,
Tournament &
Lineman's Challenge
June 26, 2010**



ELIGIBILITY: Open to any and all entrants who, in June 2010, will have completed 8th grade

COST: \$30



**THE NATION'S MOST
PRESTIGIOUS PASSING
TOURNAMENT!**

- Each player receives a t-shirt
- Teams are guaranteed a minimum of four (4) games
- Championship Game in Notre Dame Stadium
- Individual teaching segments by the Notre Dame coaching staff
- Every game is played with licensed football officials
- Lineman Fundamentals and Skills Challenge

UNIVERSITY OF NOTRE DAME®
P.O. Box 518
Notre Dame, IN 46556
Phone: (574) 631-7475



NOTRE DAME FOOTBALL



**Notre Dame®
Football
7 on 7
Team Camp,
Tournament &
Lineman's
Challenge**



June 26th, 2010



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 PHONE

GRADE (IN FALL 2010) AGE (DURING CAMP)

HEIGHT WEIGHT

SCHOOL NAME COACH

7 ON 7 TEAM CAMP, TOURNAMENT & LINEMAN'S CHALLENGE FEES:

Fee: \$30 per student

**Please note: There will be a \$25 walk-up fee for any application not received prior to the start of registration.*

JUNE 26, 2010

Payment By: Check MasterCard Visa

Please make checks payable to the Notre Dame Football Summer Camps. 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 If an accepted day camp application is withdrawn for any reason prior to the start of the camp, you will receive a refund less a \$30 cancellation fee.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)

**2010 APPLICATION
NOTRE DAME FOOTBALL
7 ON 7 TEAM CAMP, TOURNAMENT & LINEMAN'S
CHALLENGE**

P.O. BOX 518
Notre Dame, IN 46556
Phone: (574)-631-7475

JUNE 26, 2010
Register early. CAMPS DO SELL OUT

**CONSENT TO TREATMENT
LIMITATION AND 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, 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).

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). 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.

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. 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.

I HAVE READ THE WAIVER OF LIABILITY, PUBLICITY CONSENT, MEDICATION AND WAIVER OF LIABILITY, CONSENT TO TREATMENT AND INSURANCE 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/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-**

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

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