

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.

DAILY SCHEDULE

7:00 a.m.	Wake up
7:30 a.m.	Breakfast
9:00 a.m.	Morning session - individual play
11:30 a.m.	Lunch
1:45 p.m.	Afternoon session - tactical play
4:00 p.m.	Free time
5:00 p.m.	Dinner
6:30 p.m.	Evening session - team play/games
8:00-10:00 p.m.	Loftus Fieldhouse - movies, box games
10:30 p.m.	In your dorm rooms
11:00 p.m.	Lights out

ALL TIMES SUBJECT TO CHANGE

STAFF:

The staff is comprised of the Notre Dame varsity coaches plus top college and high school coaches as well as outstanding college players from across the country.



The Notre Dame Instructional Lacrosse Camp is open to any and all entrants with restrictions on age and eligibility.

YOUR WEEK WILL INCLUDE

- Individual Instruction
- Team Instruction
- Full Field Games in Evening Sessions
- Videotape of Goalie Instruction
- Instruction/Games on new Arlotta Stadium



KEVIN CORRIGAN:

Entering his 22nd year as the head lacrosse coach at Notre Dame, Kevin Corrigan has guided Notre Dame to 14 NCAA tournament appearances in the past 18 seasons while reaching the quarterfinals in 4 of the past 12 years. The 2001 Notre Dame team reached the Final Four for the first time. Notre Dame teams have been ranked in the top twenty each of the past 14 years, with top ten finishes in 1996, 1997, 2000, 2001, 2007, 2008 and 2009. Corrigan's record at Notre Dame stands at 196-96.

A graduate of the University of Virginia, Corrigan was an assistant at UVA the two years prior to coming to Notre Dame. The 1988 Virginia team reached the semifinals of the NCAA tournament. Kevin Corrigan is the son of former Notre Dame athletic director and Atlantic Coast Conference Commissioner Gene Corrigan.

Non-Profit
Organization
U.S. Postage
PAID
Notre Dame, IN
Permit #10



UNIVERSITY OF NOTRE DAME

P.O. BOX 767
NOTRE DAME, INDIANA 46556-5678



Arlotta Stadium

NOTRE DAME® BOYS LACROSSE

2010 NOTRE DAME® BOYS LACROSSE CAMP

MIDDLE AND HIGH SCHOOL DIVISIONS

June 20–23

EACH CAMPER RECEIVES

- Notre Dame Lacrosse Apparel

ND SHOOTING CLINIC - COST \$100

Includes 1 Extra Day (Saturday, 6/19) of shooting instruction with college All-Americans and Professional Players. The shooting clinic will work alongside the goalies on the 19th.

LIMITED AVAILABILITY

SPECIAL GOALIE INSTRUCTION

INCLUDES: 1 Extra Day (Sat. 6/19 @ Noon)
Videotape of Instruction
3 to 1 Camper-Coach Ratio

Must be registered as a full time camper in order to attend the shooting clinic or the goalie instruction on the 19th.

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		
Grade in Fall			Age (during camp)	
Name of High School / Group (Youth)			Name of Coach	
Years Lacrosse Experience			Position(s) Played	
Email Address				

CAMP DATES: JUNE 20-23

- BOARDERS:** \$560.00 **NON-BOARDERS:** \$375.00
- JUNE 19:** Special Goalie Instruction
- JUNE 19:** Special Shooting Clinic - Cost \$100.00

PAYMENT BY: Check MasterCard Visa

Please make checks payable to the Notre Dame Boys Lacrosse Camp. Please send check and application to the address on next panel. 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)	

**2010 APPLICATION
NOTRE DAME
SUMMER BOYS LACROSSE CAMP**

University of Notre Dame
P.O. Box 767 • Notre Dame, IN 46556-5678
(574) 631-8788 University Camps

June 20-23

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, 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.

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
- BLEEDING DISORDERS
- CONVULSIONS/SEIZURES
- DIABETES
- HEAD INJURY/CONCUSSIONS
- HEART DISEASE
- RHEUMATIC FEVER

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

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 Names (Printed)

SIGNATURE	Date
()	()
PHONE: Day	Night
()	
PHONE: Emergency	

Please Read Carefully and Retain for Your Information

SITE:

The setting for the Notre Dame Summer Boys Lacrosse Camp is the nationally renowned campus of the University of Notre Dame, located on the outskirts of South Bend, Indiana, 90 miles east of Chicago on the Indiana Toll Road. All campers will reside in one of the residence halls normally occupied by undergraduate students of the University. Meals will be served in the North Dining Hall. Many of the nation's finest athletic facilities will be utilized during each camp session.

APPLICATION PROCEDURES:

All prospective campers must submit the completed application portion of this brochure. Applications will be processed on a first-come, first-served basis until all sessions are filled. Acceptance of a camper will be verified upon receipt of the camp confirmation packet. Please read the confirmation packet carefully as it details the camp schedule, items to bring, as well as roommate & transportation information. If after reviewing the confirmation packet, you have additional questions, please contact the camp office at ndcamps@nd.edu or (574) 631-8788. Please note: There will be a \$25 walk-up fee for any application not received by the camp office prior to the start of registration.

If a camp has been filled prior to the receipt of a camper's application, the camp office will offer you the opportunity to have the application held on a waiting list if desired. If the application cannot be accepted for any reason, the application and camp fee will be returned by mail.

ROOMMATE REQUEST:

Please do not include your roommate request with your application, as it will not be considered. A roommate request form will be included in the confirmation packet, which can be filled out and returned to the summer camp office. Please keep in mind that we do our best to meet all roommate requests, however, due to accommodation limitations we cannot always meet every request, and we will be under no obligation to honor requests received less than seven days prior to the start of the camp. The majority of our dorm rooms are doubles, but campers could be placed in singles, triples, or quads, depending on the dorm in which the camp is residing. We do not accept requests for triples or quads.

ELIGIBILITY:

Any and all boys who, in June of 2010, are between the ages of 12 and 18 are eligible.

DATES & FEES:

June: 20-23:

BOARDERS: \$560.00
Includes all meals, lodging and insurance.

NON-BOARDERS: \$375.00
*Includes all noon meals and insurance.
Includes all meals, lodging and insurance.*

SHOOTING CLINIC (6/19): \$100.00

Campers must bring their own helmets, gloves, stick, protective gear, and mouthpiece.

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 **\$75** cancellation fee. **No** refund will be issued within **1 week** of a camp session's start date.

DETACH HERE