

Claims exceeding \$250 per claim will be paid on the 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 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.

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.	Pool, free play
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

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.



★★ **YOUR WEEK WILL INCLUDE** ★★

- Individual Instruction
- Team Instruction
- Videotape of Individual Goalie Play
- Strength and Conditioning Program
- Nutritional Information



KEVIN CORRIGAN:

Entering his 14th year as the head lacrosse coach at Notre Dame, Kevin Corrigan has guided Notre Dame to 10 NCAA tournament appearances in the past 12 seasons while reaching the quarterfinals in 3 of the past 6 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 10 years, with top ten finishes in 1996, 1997, 2000 and 2001. Corrigan's record at Notre Dame stands at 118-61.

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.

UNIVERSITY OF NOTRE DAME
 101C JOYCE CENTER
 NOTRE DAME, INDIANA 46556-5678

Check Out The Fighting Irish...
 In
 Cyberspace
 www.nd.com



NOTRE DAME BOYS LACROSSE

★★ **EACH CAMPER RECEIVES** ★★

- Brine Equipment Bag
- Notre Dame Lacrosse Reversible
- Brine Lanyard



★ **SPECIAL GOALIE INSTRUCTION** ★

INCLUDES: 1 Extra Day (Sat. 6/22 @ Noon)
 Individual Videotape
 3 to 1 Camper-Coach Ratio



YOUTH AND HIGH SCHOOL DIVISIONS



Application, Consent to Treatment, and Health Form must be completed and sent along with FULL payment to Camp Office for enrollment.

2002 APPLICATION NOTRE DAME SUMMER BOYS LACROSSE CAMP

University of Notre Dame
101C Joyce Center
Notre Dame, IN 46556-5678
(574) 631-8788 University Camps

JUNE 23-27

CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY

In partial consideration of our child's acceptance into the Notre Dame Summer Boys Lacrosse Camp, I/we as parents and/or legal guardians of _____

do hereby agree to limit the liability of the Notre Dame Summer Sports Camps, the University of Notre Dame, its employees, agents, officers, staff and physicians, to the coverage of the medical insurance policy covering participants in the Notre Dame Summer Sports Camps as explained in this brochure, which we have read and understand. I/we further agree to waive all liability of the Notre Dame Summer Sports Camps, 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 while traveling to or from, or during his attendance at the Notre Dame Summer Sports Camps, which is not covered by said medical insurance policy.

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

PARENT OR LEGAL GUARDIAN'S NAME (printed) _____

SIGNATURE

() ()
PHONE: Day Night

()
PHONE: Emergency

PLEASE DO NOT USE STAPLES

FOR OFFICE USE ONLY:

DR _____
CC _____
CK # _____/_____

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 _____

LAST TETANUS IMMUNIZATION (date): _____

CURRENT MEDICATIONS: _____

CHRONIC OR RECURRING ILLNESSES: _____

OPERATIONS/INJURIES (including dates): _____

PHYSICAL RESTRICTIONS*: _____

PHYSICIAN TELEPHONE _____

DENTIST TELEPHONE _____

MEDICAL INSURANCE _____

POLICY NUMBER _____

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

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.

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.

ELIGIBILITY:

Boys who, in June of 2002, are between 10 and 18 years of age.

DATES & FEES:

June 23-27:

BOARDERS: \$450.00

Includes all meals, lodging and insurance.

NON-BOARDERS: \$300.00

Includes all noon meals and insurance.

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

REFUND PROCEDURES

If an accepted application is withdrawn for any reason prior to the start of the camp session, you will receive a refund less a \$75 per session administrative fee. No refunds will be issued once a camp session has begun.

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 of \$50,000. Claims up to \$250 per claim are paid on the primary basis, without regard to any coverage parents might have.

DETACH HERE

CAMPER'S NAME: Last First MI

ADDRESS: Street City

()
State Zip Telephone

Grade in Fall Age (during camp)

Shirt Size Height Weight

Name of High School Name of Coach

Years Lacrosse Experience Position(s) Played

Roommate Request: (not required, but roommate must select you as preference to guarantee)

CAMP DATES: JUNE 23-27

BOARDERS: \$450.00 NON-BOARDERS: \$300.00

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.*

CARD # EXP. DATE

CARDHOLDER NAME (print) SIGNATURE

() ()
PHONE: Home Work

ADDRESS: (If different from above)

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

PARENT OR LEGAL GUARDIAN MUST SIGN