

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)	
Shirt Size (S, M, L, XL)	Height	Weight	Position
E-mail			

Day Camp June 9-12 (9:00am-Noon)

(\$100)

Notre Dame Hoops Camp June 13-15

Boarder (\$275.00) Non-Boarder (\$225.00)

Irish High Intensity Camp June 13-15

Boarder (\$275.00) Non-Boarder (\$225.00)

Ultimate Guard Camp June 15-17

Boarder (\$250.00) Non-Boarder (\$200.00)

The Versatile Post Camp June 15-17

Boarder (\$250.00) Non-Boarder (\$200.00)

Package Deals

Notre Dame Hoops Camp + Ultimate Guard or The Versatile Post Camp (\$450)

Irish High Intensity Camp + Ultimate Guard or The Versatile Post Camp (\$450)

Payment by: Check MasterCard Visa

Please make checks payable to the Notre Dame Girls Basketball Camp. Please send check and application to **University of Notre Dame • P.O. Box 767 • Notre Dame, IN 46556-5678**. 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)	

Please do not use staples

For office use only:

Camp Code _____

Amount _____

Ck # _____ / B- _____

In consideration of my child's acceptance in the Notre Dame Summer Girls Basketball 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
_____	_____	_____



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 daughter 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 or legal guardian must sign