

Notre Dame Women's Lacrosse



We are excited you will be joining us for our IRISH 5 v 5 Clinic. Below is a confirmation packet that outlines registration, travel, and health and safety concerns. If you have not received an email confirming that your registration form and check have been received, please fill out and sign the enclosed paperwork, and bring the signed registration form and check to the IRISH 5 v 5. Please feel free to email or call my assistant, Kateri Linville, with questions or concerns.

To help maximize your Notre Dame visit, here are the scheduled events being hosted on campus and some favorite places to visit.

Sporting Events

Friday, October 17 th	7:35 pm	Men's Hockey vs Sacred Heart
Saturday, October 18 th	7:05 pm	Men's Hockey vs Sacred Heart
Sunday, October 19 th	1:00 pm	Men's Soccer vs Providence

Tickets are available for sale at Gate 1 of the Joyce Athletic Convocation Center.

Campus Tours

Friday, October 17 th	3:00 pm	Main Building
Saturday, October 18 th	5:00 pm	Main Building

Our Favorite Spots on Campus

The Grotto
The Golden Dome and Sacred Heart Basilica.
Hesburgh Library (aka Touchdown Jesus)
The Lakes
The Bookstore
Legends

Our Athletic Facilities

The Guglielmino & Loftus Sports Center
Eck Baseball Stadium
Melissa Cook Softball Field
The Football Stadium and Labar Practice Complex
And coming soon...The outdoor turf Arlotta Lacrosse Stadium

We look forward to spending the day with you at our IRISH 5 v 5!

Tracy Coyne
Head Coach, Women's Lacrosse

Kateri Linville
Assistant Coach, Women's Lacrosse



Thank You for Registering for the IRISH 5 v 5!

We hope the IRISH 5 v 5 is a memorable and exciting experience for you! Here is some information that is important, so please read it thoroughly.

- Date & Time:** ♣ Saturday, October 18th from 9:00 am – 1:00 pm
- Registration:** ♣ Registration begins promptly at 8:40 am on Saturday, October 18th in the Loftus Indoor Turf Facility.
♣ Registration and health and consent forms must be completed to participate. *Please note that South Bend is on Eastern Time.*
- Cancellations:** ♣ If you must cancel, please do so early.
♣ No refunds will be issued for any reason within 1 week of the IRISH 5 v 5.
- Departure:** ♣ Parents are welcome to watch the IRISH 5 v 5 or can pick up campers at 1:00 pm at the Loftus Indoor Turf Facility.
♣ Awards will be given at the conclusion of the IRISH 5 v 5 competition.
- Food:** ♣ The IRISH Lacrosse team will be selling pizza, sandwiches, and drinks at the conclusion of the IRISH 5 v 5 to fundraise for our 2011 International Tour.

Checklist of Things to Bring

Below is a suggested list of clothes, equipment and personal items. DeBeer will provide pinnies and IRISH 5 v 5 t-shirts!

- Lacrosse Cleats/Turf Shoes
- Stick
- Protective Eyewear/Goggles
- Mouth guard
- Goalie helmet & pads

- Health & Safety:**
- ♣ A University athletic trainer will be on duty.
 - ♣ University Health Services facilities, EMT's, or the local hospital are available 24 hours a day.
 - ♣ **Campers taking prescription medicine must be responsible for their own medication. Camp counselors and athletic trainers are not allowed to hold or dispense prescription medication, and will not be responsible for reminding your child to take her medication.**

- Directions:**
- ♣ Notre Dame is located on the outskirts of South Bend, Indiana, approx. 90 miles east of Chicago on the Indiana Toll Road (80/90). Proceed through Exit 77 toll plaza; at the traffic light turn right (south) onto SR 933/Business 31.
 - ♣ Follow 933/31 south through two sets of traffic lights; turn left on Angela.
 - ♣ To enter the Notre Dame campus, turn left (east) on Notre Dame Avenue.
 - ♣ Please park in the Special Event Lot. From Notre Dame Avenue, turn right on Holy Cross Drive. The parking lot will be on your left. The Notre Dame Stadium and the Joyce Athletic Convocation Center will be directly in front of you.
 - ♣ After parking, walk left down Leahy Drive. Walk across Courtney Lane and turn right. When you see the tennis courts, make a left. Use the door at the end of the walk to enter the Loftus Turf Facility.

- Transportation:**
- ♣ We will not be providing transportation to campus from the airport, train or bus stations.
 - ♣ We recommend that the camper arrange for a cab (approximate cost of \$15 each way). Taxis wait for passengers on the main drive outside of the front entrance to the terminal.

Ace Cab (574) 674-0336
Agape Cab (574) 876-3793
Alpha Cab (574) 271-6826
Checker Cab (574) 288-7777
City Cab (574) 233-2020
Express Cab (574) 233-6000
Irish Cab (574) 239-2222
Michiana Taxi (574) 233-4040
Minute Cab (574) 232-3300
Shamrock Cab (574) 243-5500
United Cab (574) 233-9599
Yellow Cab Company (574) 233-9333



Irish 5 v 5 Lacrosse Clinic
 University of Notre Dame
 Women's Lacrosse
 Joyce Center
 Notre Dame, IN 46556
 (574) 631-8753
wlacrosse.1@nd.edu

IRISH 5 v 5 LACROSSE CLINIC hosted by the University of Notre Dame
Join us at Notre Dame October 18, 2008 from 9:00 am - 1:00 pm EST

Program Join the Notre Dame Women's Lacrosse Team for a 1-hour training session lead by the Irish coaching staff and players. Learn the latest stick skills and tactical strategies from some of our favorite drills and then compete in a round robin 5 v 5 tournament with your team.

Eligibility This clinic is recommended for high school players in grades 9-12.

Application Procedures All prospective campers must submit the completed application, consent and health forms. To register as a team, you must have at least 5 players and 1 goalie. Teams are limited to 8 players, including 1 goalie. Individuals can register and will be assigned to a house team. All participants, even if they are registering as a team, must submit their own individual application form. Applications will be processed on a first-come, first-served basis until the 5 v 5 clinic is filled.

Campers must bring their own stick and mouthguard. Goalies must bring full gear.

Team Registration \$320.00 **Individual Registration \$45.00**

Please make checks payable to the University of Notre Dame.
 Please send check and application to the address above.

Team Name: _____

Teammates: (1) _____ (2) _____
 (3) _____ (4) _____
 (5) _____ (6) _____
 (7) _____ (8) _____

Individual Player Information:

 Last First MI

 Address

 Street City

 State Zip Telephone

 Grade in Fall Age Height Weight

 Name of High School

 Name of Club Team

CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY

In partial consideration of our child's acceptance into the Irish 5 v 5 Clinic, I/we as parents and/or legal guardians of _____ do hereby agree to limit the liability of Notre Dame, its employees, agents, officers, staff and physicians, to the coverage of the medical insurance policy covering participants in the Irish 5 v 5 Clinic as explained in this registration pamphlet, which I/we have read and understand. I/we further agree to waive all liability of the University of Notre Dame, its employee, 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 her attendance at the Irish 5 v 5 Clinic, 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

(____) _____
Phone: Emergency

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 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 LEAGAL GUARDIAN MUST SIGN