

**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 Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Name of School \_\_\_\_\_ Grade (in Fall '08) \_\_\_\_\_

**Day Camp June 9-12  
Fee: \$85.00**

Payment by:  Check  Master Card  Visa

**Please make checks payable to the Notre Dame Volleyball Camp. Please send check and Application to the address on the 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 If an accepted day camp application is withdrawn for any reason prior to the start of camp, you will receive a refund less a \$30.00 cancellation fee.**

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Address: (if different from above) \_\_\_\_\_

**For Office Use Only:** Camp Code \_\_\_\_\_  
Amount \_\_\_\_\_ CK # \_\_\_\_\_ B- \_\_\_\_\_

## 2008 Notre Dame Volleyball Day Camp

University of Notre Dame  
P.O. Box 767, Notre Dame, IN 46556  
(574) 631-8788 – University Camps  
(574) 631-5987 – Volleyball Office

**Register early. CAMPS DO SELL OUT. Open until full or June 6, 2008.**

**June 9-12, 2008 9:00 AM – 12:00 PM**

### CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY

In consideration of my child's acceptance into the Notre Dame Volleyball Day 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, and 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 the aforementioned summer camp or any travel incident thereto. In the event of and 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 Sport 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 to 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 the summer camps to store or administer prescription or non-prescription medication 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 medications(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, during 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 safe-guard 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 for 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  
 Heart Disease  Bleeding Disorders  
 Convulsions/Seizures  Rheumatic Fever  
 Diabetes

Allergies to Drugs \_\_\_\_\_

Allergies to Food \_\_\_\_\_  
(that requires 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 \_\_\_\_\_

Phone 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 son or 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 understand the camp program and application process as described in this brochure

### PARENT OR LEGAL GUARDIAN MUST SIGN

# NOTRE DAME VOLLEYBALL DAY CAMP



**Check in:** Monday, June 9th 8:30-9:00am  
Joyce Center Arena, Gate 10

**Eligibility:** Girls and boys who will enter  
grades 1-6 this fall.

**Fee:** \$85 (includes instruction,  
T-shirt and water bottle)

Campers can be dropped off and picked up  
at the Joyce Center Arena Gate 10 daily.

574-631-8788, University Camps  
574-631-5987, Volleyball Office

# NOTRE DAME VOLLEYBALL DAY CAMP

**Monday - Thursday**  
**June 9-12, 2008**  
**9:00 AM – 12:00 PM**

**Have Fun**

**Learn With Your  
Friends**

**Meet the Coaches**

