

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 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 related in any way to my child's participation in, attendance at, activities at, or incidental to camp activities. Hernias are not covered. The contracting of illness of disease by camper is not covered under this plan. Payment for medication and/or hospitalization needed by camper as a result of illness of disease is the responsibility of the camper and his/her parents. Any additional coverage desired will also be the responsibility of his/her parents.

TRANSPORTATION:

For those needing to fly to South Bend, please call Anthony Travel, the Official Travel Partner of Notre Dame, at 1-800-366-3772. Identify yourself as attending the summer sports camps, and their on-campus sports travel professionals will research the most cost-effective flight options for you and provide invaluable consultative advice on traveling to campus.

CAMP DIRECTORS



DEBBIE BROWN

- 18th season at Notre Dame (15 post-season appearances)
- Conference Coach of the Year '86, '91, '92, '93, '94, '95, '00, '01, '03 & '05
- District Coach of the Year '92, '93, '97 & '05
- Olympic Team Assistant Coach '88
- National Team Assistant Coach '87 - '90

- 1980 Olympic Team Co-Captain
- All-American accolades as a player at U.S.C. in '77 and '78
- Won two national championships at U.S.C. '77 and '78
- Received the "All-Time Great" award from USA Volleyball in '95



GREG SMITH

- 3rd season at Notre Dame
- Head Coach at Virginia Tech '00-'05
- Conference Coach of the Year '02
- Assistant Coach at The Ohio State University '97-'99

CAMP HIGHLIGHTS

- * Excellent staff and facilities
- * adidas package
- * Daily competition
- * Outstanding coach to camper ratio
- * Head coach at every training session
- * 16 courts, two coaches per court
- * Special help sessions

DAILY SCHEDULE

- 7:45 a.m. Breakfast
- 8:45-11:30 a.m. Individual skills training
- Noon Lunch - break
- 1:30-4:30 p.m. Team skills training
- 5:30 p.m. Dinner - break
- 7:00-9:30 p.m. Individual skills/Camper's choice
- 10:00 p.m. Be inside residential hall
- 11:00 p.m. Lights out

TIMES SUBJECT TO CHANGE

CAMP COUNSELORS

We are proud of the group of counselors we have developed over the years. They are excellent coaches who are excited to return each year to teach volleyball in a fun and competitive atmosphere.

They include current and former Notre Dame players as well as collegiate assistant coaches and club coaches.



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



NOTRE DAME® VOLLEYBALL

2008
NOTRE DAME®
GIRLS
VOLLEYBALL
CAMP



July 9-12 for girls grades 6 through 8
July 13-17 for girls grades 9 through 12
on the campus of the
University of Notre Dame

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.

2008 APPLICATION ND SUMMER GIRLS VOLLEYBALL CAMP

University of Notre Dame
P.O. Box 767 • Notre Dame, IN 46556-5678
(574) 631-8788 University Camps
(574) 631-5987 Volleyball Camp

JULY 9-12 & JULY 13-17

Register early. CAMPS DO SELL OUT. Open until full or July 4, 2008

CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY

In consideration of my child's acceptance in the Notre Dame Summer Girls Volleyball 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.

CAMPER'S HEALTH FORM

To be completed and signed by camper's parents or legal guardians

- | | |
|-----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> HEAD INJURY/CONCUSSIONS |
| <input type="checkbox"/> BLEEDING DISORDERS | <input type="checkbox"/> HEART DISEASE |
| <input type="checkbox"/> CONVULSIONS/SEIZURES | <input type="checkbox"/> RHEUMATIC FEVER |
| <input type="checkbox"/> 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

Please Read Carefully and Retain for Your Information SITE:

The setting for the Notre Dame Summer Volleyball 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. **Before sending in this application, please make sure all 3 signature spots are signed by a parent or legal guardian and full payment is included, or your application will be returned.** 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:

Girls who, in June of 2008, will have completed the 5th through the 12th grades are eligible. **The NCAA now allows graduating seniors to attend camp.**

DATES & FEES:

July 9-12 • Grades 6 through 8 (Boarders \$420.00/Non-Boarders \$355.00)

July 13-17 • Grades 9 through 12 (Boarders \$440.00/Non-Boarders \$365.00)

BOARDERS

Includes all meals, lodging, insurance, instruction and an adidas package.

NON-BOARDERS

Includes noon and evening meals, insurance, instruction and an adidas package.

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.

CAMPER'S NAME: Last _____ First _____ MI _____

ADDRESS: _____ Street _____

City _____ State _____ Zip _____

Grade in Fall (2007) _____ Age (during camp) _____ Height _____

() _____ () _____

Telephone _____ Parent's Cell Phone _____

Name of School _____ Name of Club Team _____

Week 1

- JULY 9-12 Grades 6 through 8
- BOARDERS: \$420.00 NON-BOARDERS: \$355.00

Week 2

- JULY 13-17 Grades 9 through 12
- BOARDERS: \$440.00 NON-BOARDERS: \$365.00

PAYMENT BY: Check MasterCard Visa

Please make checks payable to the Notre Dame Volleyball 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)

PARENT OR LEGAL GUARDIAN'S NAME (printed) _____

SIGNATURE _____ DATE _____

() _____ () _____

PHONE: Day _____ Night _____

() _____

PHONE: Emergency _____

PLEASE DO NOT USE STAPLES

FOR OFFICE USE ONLY:

CAMP CODE _____

AMOUNT _____

CK # _____ /B- _____



DETACH HERE