

Application, Consent to Treatment and Health form must be completed and sent along with FULL payment. The Coach of your team must send all applications in together by June 1<sup>st</sup>.

## 2006 Notre Dame Midwest Challenge Lacrosse Camp

University of Notre Dame  
104 Joyce Center  
Notre Dame, IN 46556  
(574) 631-8788 – University Camps

July 14 – 16

Camper Name: Last First MI

Address: Street City

State Zip Telephone

Email Address

Yr of Graduation from HS Team Name (At Camp)

**Camp Dates: July 14- 16**  
**Fee: \$300**

Payment by:  Check  Master Card  Visa

*Please make checks payable to the Notre Dame Boys Lacrosse Camp. 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

( ) ( )

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

Phone: Home Work

Address: (if different from above)

Notre Dame Team Camp Application

### CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY

In consideration of my child's acceptance into the Notre Dame Midwest Challenge Summer 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 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 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 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.

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 \_\_\_\_\_

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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 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.

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***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***

**Please Read Carefully and Retain for  
Your Information**

**SITE:**

The setting for the Notre Dame Midwest Challenge 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. There will be a \$25 walk-up fee for any application not received by the camp office 1 day prior to registration

**DATES & FEES:**

July 14-16

BOARDERS: \$300

Includes all meals, lodging and insurance

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

**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.

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

## Camp Schedule

Friday, July 14<sup>th</sup>

12:00pm Check-in  
12:30pm Team Instruction  
1-4 pm Games/Blackboard Sessions  
5-8 pm Games/Blackboard Sessions  
8-10pm Individual Instruction

Saturday, July 15<sup>th</sup>

8-11am Games/ Video Sessions  
1-4 pm Games/ Video Sessions  
5-8 pm Games  
9pm All Star Game

Sunday, July 16<sup>th</sup>

8-10am Tournament Games  
10-12pm Championship Game

### REFUND PROCEDURES

If an accepted application is withdrawn for any reason up to 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

### YOUR WEEKEND WILL INCLUDE

- Individual Instruction
- Blackboard Sessions as a Team with a College Coach
- Video Session of your Game with a College Coach
  - Games
- Tournament Games

### VIDEOS

Each Camper will have the opportunity to buy the tape of their game that is filmed

## NOTRE DAME MIDWEST CHALLENGE BOYS LACROSSE TEAM CAMP



### Champion Lacrosse Travel Team Members

You must complete this application separately from other travel team registration documents, and you must write a separate check payable to "Notre Dame Boys Lacrosse Camp" or enter your credit card number.

Send this completed form and payment to:

Champion Lacrosse  
30800 Telegraph, Suite 3833  
Bingham Farms, MI 48025

Or fax form with credit card payment to:

(248) 232-6722

We will be combining all of the registrations to mail one full package to Notre Dame.