

# 2009 NOTRE DAME® FENCING CAMP

JUNE 21-27



Non-Profit  
Organization  
U.S. Postage  
PAID  
Notre Dame, IN  
Permit #10

## NOTRE DAME FENCING CAMP COACHES



**JANUSZ BEDNARSKI, HEAD COACH/DIRECTOR/SABRE COACH** Janusz Bednarski, the former Polish Olympic-level coach, with eleven medals of his team fencers in Olympic Games and World Championships, enters his seventh year as Notre Dame fencing Head Coach. He has guided the Irish to two NCAA Championship titles (2003 and 2005) and a second-place finish in 2008. He also has served as the coach for the best all-around collection of sabre talent in all of college fencing. Currently an elected member of the NCAA National Committee and chair of the NCAA Midwest Regional Committee, Bednarski has been also a member of many advisory panels for the U.S. Fencing Association, the U. S. Olympic Committee and the U.S. Fencing Coaches Association. He has a master degree in economics from SGPIŚ Warsaw, Poland and coach diploma from postgraduate studies from the Academy of Physical Education in Warsaw, Poland. He will work with sabre group to give them high quality technical training and directions for the future growth.



**GIA KVARTSKHELIA, FOIL COACH** Gia Kvartskhelia enters his third year of coaching at Notre Dame. In this short time, he already has made a tremendous impact at Irish, qualifying the maximum four foilists for the 2007 and 2008 NCAA Championships, producing seven All-Americans and building up top country foil group at the Notre Dame. Prior to his appointment at the Notre Dame, Kvartskhelia spent 10 years as a coach of the Kanza Fencing Club in Salinas, Kansas, which he transformed from a small recreational club to one of the nation's top foil centers. He was also named the 2002 USFA national development coach of the year. He is a former member of the Georgian National Foil Team (1990-94) and medalist of the Soviet Junior Championships in 1990. He received his bachelor degree in physical education 1993 from the Georgian State Physical Training Institute and also a sport journalism certificate. He also pursued graduate studies at Tbilisi State University in 1993 prior coming to the United States. One of the best foil coaches in USA who will help you to improve quality of your fencing and will give you directions of progress in foil fencing.



**MAREK STEPIEN, EPEE COACH** Marek Stepien, epee specialist, spent 10 years as highly-regarded coach in London area coaching top British clubs and British fencers including team from prestigious Cambridge University before he joined Notre Dame in 2007. He also is a former Olympic fencer with Poland's national team, twice Polish National Champion (1989, 90) and winner or finalist of the few World Cup tournaments. He was also accomplished competitor in modern pentathlon (swimming, running, shooting, fencing, horseback riding), member of the Polish National Modern Pentathlon Team for the World Championships in 1984. In years 1991-1997, Stepien graduated with master's degree and coach diploma from Academy of Physical Education and Rehabilitation in Warsaw, Poland in 1992 and received many postgraduate certificates from Warsaw University and from the Academy of Physical Education and Rehabilitation in Warsaw. One of the best and most experienced epee and cross-training coaches available in USA can help you to build stamina and high class effective epee fencing actions.

OTHER GUEST COACHES WILL BE INVITED.

UNIVERSITY OF NOTRE DAME  
P.O. BOX 767  
NOTRE DAME, INDIANA 46556-5678



NOTRE DAME® FENCING

Check Out The Fighting Irish...  
In  
Cyberspace  
www.unad.com

## 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.

## PROGRAM:

Individual and group instruction in all aspects of fencing. Special attention will be devoted to all areas of play including bouting, footwork, conditioning, and more. A great camper to coach ratio provides detailed instruction to every fencer, while offering an opportunity to improve your fencing skills in a fun atmosphere.

Parents may attend any session throughout the week..

### TENTATIVE DAILY SCHEDULE

7:30 am	Wake up
8:15 am	Breakfast
9:30 am	Fencing Practice/Instruction
12:30 pm	Lunch
2:00 pm	Fencing Practice/Instruction
5:30 pm	Dinner
7:00 pm	Evening Program
10:30 pm	Bed Check – Lights Out



**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	Height	Weight		
Name of School				
Weapon (please circle)	EPEE	FOIL	SABRE	

**Fencing Camp: June 21-27, 2009**

(BOYS & GIRLS AGES 13-18) – Open to the first 30 registered campers

**BOARDER:** (\$750.00)     **NON-BOARDER:** (\$450.00)

**PAYMENT BY:**     Check     MasterCard     Visa

Please make checks payable to the Notre Dame Fencing 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)

**PLEASE DO NOT USE STAPLES**

FOR OFFICE USE ONLY:

CAMP CODE _____
AMOUNT _____
CK # _____ / B- _____

**2009 APPLICATION**

**NOTRE DAME FENCING CAMP**

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

**JUNE 21-27**

**CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY**

In consideration of my child's acceptance in the Notre Dame Summer Fencing 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

- |   |  |
|---|--|
| <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 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 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 Fencing 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 (non-boarders receive lunch and dinner). 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 and 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 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:**

Boys & Girls who, in June of 2009, will be ages 13-18 years old are eligible.

**DATES & FEES:**

**June 21-27:**

**BOARDERS:** \$750.00  
*Includes all meals, lodging, insurance, and t-shirt.*

**NON-BOARDERS:** \$450.00  
*Includes all lunch & dinner meals, lodging, insurance, and t-shirt.*

**CAMPERS MUST BRING THEIR OWN FENCING EQUIPMENT, INCLUDING ANY ELECTRONIC EQUIPMENT.**

**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.

DETACH HERE