

## 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.

### DAILY SCHEDULE

7:00 a.m.	Wake up
7:30 a.m.	Breakfast
9:00 a.m.	Morning session - individual play
11:30 a.m.	Lunch
1:45 p.m.	Afternoon session - tactical play
4:00 p.m.	Free time
5:00 p.m.	Dinner
6:30 p.m.	Evening session - team play/games
8:00-10:00 p.m.	Loftus Fieldhouse - movies, box games
10:30 p.m.	In your dorm rooms
11:00 p.m.	Lights out

**ALL TIMES SUBJECT TO CHANGE**

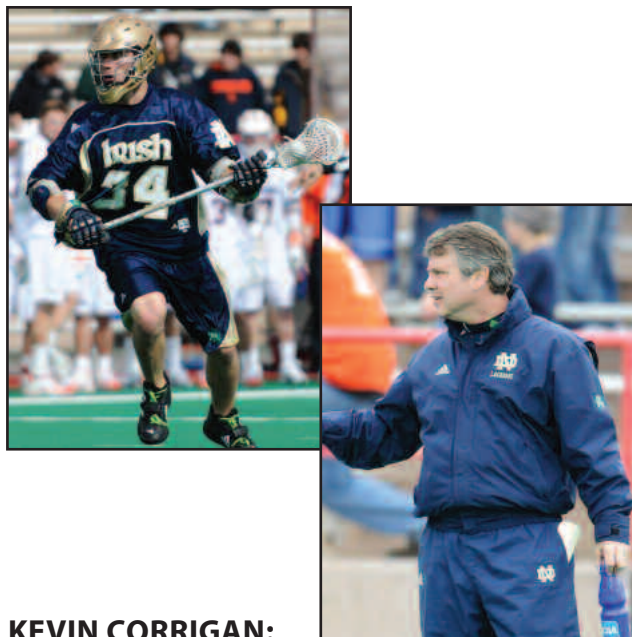
## STAFF:

The staff is comprised of the Notre Dame varsity coaches plus top college and high school coaches as well as outstanding college players from across the country.



## YOUR WEEK WILL INCLUDE

- Individual Instruction
- Team Instruction
- Full Field Games in Evening Sessions
- Videotape of Goalie Instruction
- Nutritional Information



### KEVIN CORRIGAN:

Entering his 21st year as the head lacrosse coach at Notre Dame, Kevin Corrigan has guided Notre Dame to 13 NCAA tournament appearances in the past 17 seasons while reaching the quarterfinals in 4 of the past 11 years. The 2001 Notre Dame team reached the Final Four for the first time. Notre Dame teams have been ranked in the top twenty each of the past 13 years, with top ten finishes in 1996, 1997, 2000, 2001, 2007 and 2008. Corrigan's record at Notre Dame stands at 181-95.

A graduate of the University of Virginia, Corrigan was an assistant at UVA the two years prior to coming to Notre Dame. The 1988 Virginia team reached the semifinals of the NCAA tournament. Kevin Corrigan is the son of former Notre Dame athletic director and Atlantic Coast Conference Commissioner Gene Corrigan.

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Organization  
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Permit #10



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



NOTRE DAME® BOYS LACROSSE

## 2009 NOTRE DAME® BOYS LACROSSE CAMP

June 21-24

### EACH CAMPER RECEIVES

- Notre Dame Long Sleeve Lacrosse T-Shirt
- Notre Dame Lacrosse Reversible

### SPECIAL GOALIE INSTRUCTION

INCLUDES: 1 Extra Day (Sat. 6/20 @ Noon)  
Videotape of Instruction  
3 to 1 Camper-Coach Ratio

MIDDLE AND HIGH SCHOOL DIVISIONS

**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 High School / Group (Youth)			Name of Coach	
Years Lacrosse Experience			Position(s) Played	
Email Address				

**CAMP DATES: JUNE 21-24**

**BOARDERS:** \$545.00     **NON-BOARDERS:** \$365.00

**JUNE 20:** Special Goalie Instruction

**PAYMENT BY:**     Check     MasterCard     Visa

Please make checks payable to the Notre Dame Boys Lacrosse 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)	

**2009 APPLICATION  
NOTRE DAME  
SUMMER BOYS LACROSSE CAMP**

University of Notre Dame  
P.O. Box 767 • Notre Dame, IN 46556-5678  
(574) 631-8788 University Camps  
**June 21-24**

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

In consideration of my child's acceptance in the Notre Dame Summer Boys Lacrosse 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)	
<b>SIGNATURE</b>	DATE
( )	( )
PHONE: Day	Night
( )	
PHONE: Emergency	

**PLEASE DO NOT USE STAPLES**

FOR OFFICE USE ONLY:

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

**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 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 Boys 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. 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:**

**Boys who, in June of 2009, are between 12 and 18 years of age.**

**DATES & FEES:**

June: 21-24:

BOARDERS: \$545.00  
*Includes all meals, lodging and insurance.*

NON-BOARDERS: \$365.00  
*Includes all noon meals and insurance.*

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

**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