

## 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 phases of basketball. Special attention will be devoted to all areas of defensive play as well as offensive drills in ball handling, shooting, rebounding and passing.

Outstanding college and high school coaches and college players from throughout the country will serve as visiting instructors and counselors. Parents may attend any session and are encouraged to attend and observe the Thursday morning session.

### TENTATIVE DAILY SCHEDULE

7:15 am	Wake up
7:30 am	Breakfast
8:45 am	Gym opens
9:00 am	Attendance in Joyce Center
9:15 am	Stations
10:45 am	Games
12:00 pm	Lunch
1:30 pm	Stations
3:00 pm	Lecture at the Joyce Center
4:00 pm	Swimming/Free Time/Individual Instruction
5:30 pm	Dinner
6:15 pm	Attendance in Joyce Center
6:30 pm	First set of games
7:15 pm	Second set of games
8:00 pm	Third set of games
8:45 pm	Evening Program/Make up games
9:15 pm	Return to Dorms
10:30 pm	Bed Check - Lights Out



## NOTRE DAME BASKETBALL CAMP COACHES



**MIKE BREY, HEAD COACH** The 2008-09 campaign marks the ninth for head coach Mike Brey along the Notre Dame sidelines. In eight seasons as the Irish mentor, he has guided the Irish to five NCAA tournament berths (2001, 2002, 2003, 2007 and 2008) and three National Invitation Tournament (NIT) appearances (2004, 2005 and 2006). Brey is the only coach in Notre Dame history to lead his team to three straight NCAA appearances and three consecutive 20-win seasons in his first three seasons. A 21-year veteran of the collegiate coaching ranks as both a head coach (at Notre Dame and Delaware) and assistant (Duke), he has compiled an overall

265-138 career mark (.658 winning percentage) as a head coach with seven of his thirteen teams earning a trip to the NCAA Tournament. On nine occasions, he has guided his teams to postseason appearances (three NIT). Brey spent eight years as an assistant coach on Mike Krzyzewski's staff at Duke and helped the Blue Devils to six Final Four appearances and two national titles. A graduate of DeMatha High School, he played and coached with legendary Hall of Fame coach Morgan Wootten. In October of 2003, he received DeMatha High School's Distinguished Alumnus Award.



**SEAN KEARNEY, Associate Head Coach** Sean Kearney begins his 28th year in coaching, 22nd on the collegiate level. Sean enters his ninth year at Notre Dame after spending the previous nine years at the University of Delaware, leading the Blue Hens to 4 NCAA Tournaments. Prior to his arrival at Delaware, Sean served as an assistant at Providence, Philadelphia Textiles, and Northwestern. During his one season on Rick Pitino's staff at Providence, the Friars advanced to the 1987 Final Four. A 1981 graduate of Scranton (PA), Sean began his coaching career at his alma mater, Cardinal O'Hara (PA) HS.



**ANTHONY SOLOMON, Assistant Coach** Anthony Solomon, who served as an assistant coach on the Irish coaching staff from 2000-03, returned to the Notre Dame staff in May of 2008 to begin his second stint as a member of head coach Mike Brey's coaching staff. Solomon departed Notre Dame following the conclusion of the 2002-03 campaign when he was named head coach at St. Bonaventure University and served in that capacity through the conclusion of the 2006-07 campaign. Solomon is a graduate of the University of Virginia and helped the Cavaliers to the 1984 NCAA Final Four.



**ROD BALANIS, Assistant Coach** Rod Balanis is entering his thirteenth year in college coaching, ninth on Mike Brey's staff at ND. Rod came to Notre Dame after four years as an assistant at Colgate University. While with the Red Raiders, Rod coached 4 All-Patriot League post players including Adonal Foyle, the 7th pick in the 1997 NBA Draft. Rod played at Georgia Tech for Bobby Cremins where he helped the Yellow Jackets to 1 NIT and 4 NAAs, including the 1990 Final Four. Rod is a DeMatha High School product, where he played for the legendary Morgan Wootten.



**MARTIN INGELSBY, Coordinator of Basketball Operations** Martin Ingelsby is entering his seventh year in college coaching, sixth on Mike Brey's staff here at ND. Martin came to Notre Dame after a one year stint as assistant coach at Wagner College. At Wagner, Martin helped lead the Seahawks to their first ever Northeast Conference Championship and trip to the NCAA Tournament. A 2001 graduate of Notre Dame, Martin was a three year starter for the Irish and captain during his senior season. As a senior (2000-01), he led the Irish to the BIG EAST West Division Championship, the school's first-ever conference title.

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® BOYS BASKETBALL

# 2009 NOTRE DAME® BOYS BASKETBALL CAMP

JUNE 21-25  
JULY 26-30



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

Check **FIRST CHOICE** of session **ONLY**:

**WEEK I:**  June 21-25 **WEEK II:**  July 26-30

**BOARDER:** (\$575.00)  **NON-BOARDER:** (\$500.00)

**PAYMENT BY:**  Check  MasterCard  Visa

Please make checks payable to the Notre Dame Basketball 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 BOYS BASKETBALL CAMP

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

**JUNE 21-25 • JULY 26-30**

### CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY

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

- ASTHMA
- BLEEDING DISORDERS
- CONVULSIONS/SEIZURES
- DIABETES
- HEAD INJURY/CONCUSSIONS
- HEART DISEASE
- RHEUMATIC FEVER

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 Basketball 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 who, in June of 2009, will have completed the 4th through the 11th grades are eligible.

#### DATES & FEES:

**June 21-25, July 26-30:**

**BOARDERS:** \$575.00

*Includes all meals, lodging, insurance, and t-shirt.*

**NON-BOARDERS:** \$500.00

#### 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