



# Notre Dame Baseball



## Winter Development Clinics

*Hitting Clinic*

*January 28, February 4 and 11<sup>th</sup>*

*Pitching/Catching Clinic*

*February 4th*

### CAMP OVERVIEW

The hitting clinic will allow high school students the opportunity to be instructed by the Notre Dame staff in all facets of hitting while the pitching and catching clinic will allow players to be instructed in all facets of pitching and catching.

### PROPOSED CAMP TIMES (E.S.T.)

Hitting Clinic	(1/28, 2/4, 2/11)	4:30pm – 6:00pm
Pitching/Catching Clinic	(2/4)	6:00pm – 8:00pm

### TUITION

Hitting Clinic	\$35/session	Pitching/Catching	\$50
----------------	--------------	-------------------	------

### WHO CAN ATTEND

Both camps are open to high school Freshman, Sophomores, Juniors and Seniors.

We will allow for 24 players in the hitting clinic

We will allow 12 pitchers and 4 catchers for the pitching/catching clinic

### SITE AND FACILITY

The setting for the Notre Dame Winter Youth Clinic 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. The camp will take place in the indoor hitting facility at beautiful Frank Eck Stadium on the southeast corner of the campus.

### APPLICATION PROCEDURE

All prospective campers must submit a completed application form. Applications will be processed on a first-come, first-served basis until all positions are filled. Acceptance of a camper will be verified upon receipt of the application with full payment. **Please note that it is extremely important to provide a valid email address, as our confirmation will be sent via email.** Please make checks payable to **Notre Dame Baseball Camp**. Credit card payments will not be accepted.

*Application, Consent to Treatment, and Health Form must be completed and sent, along with FULL payment, to:*

**University of Notre Dame**  
**Baseball Office**  
**202 Joyce Center**  
**Notre Dame, IN 46556**

**\*After receipt of application, no refunds will be given.**

### 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 coverage 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 coverage must pay its maximum first. This refers to medical expenses incurred because of any 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

### GENERAL INFORMATION

Each camper must bring their own baseball equipment. Players will need their own bat, glove, batting gloves, and catchers must bring their own gear. **If you have any questions concerning camp, please contact the camp coordinator, Coach Chuck Ristano, at (574) 631-6366, or through email at [cristano@nd.edu](mailto:cristano@nd.edu)**



**NOTRE DAME BASEBALL  
Winter Development Clinics**

Name: \_\_\_\_\_ Graduation Year \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 School: \_\_\_\_\_ GPA \_\_\_\_\_ SAT/ACT \_\_\_\_\_ CLASS RANK \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ E-Mail (required): \_\_\_\_\_

**Please Circle the Day(s) you plan on attending**

**Hitting Camp Day(s) attending 1/28 2/4 2/11 (All) Pitching/Catching Clinic 2/4**

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

In partial consideration of my child's acceptance into the Notre Dame Winter Development clinics, I, as parent and/or legal guardian of \_\_\_\_\_ do hereby agree to limit the liability of the Notre Dame Winter Development clinics, the University of Notre Dame, its employees, agents, officers, staff and physicians, to the coverage of the accident and medical insurance policy\* covering participants in the Notre Dame Winter Development clinics. I further agree to waive all liability of the Notre Dame Winter Development clinics, the University of Notre Dame, its employees, agents, officers, staff and physicians, for any accident, injury (including death), illness or other mishap which might befall the above-named camper, including any loss, claim, demand or suit that my child might assert once he/she attains the age of majority, while traveling to or from, or during his/her attendance at the Notre Dame Winter Development clinics, which is not covered by said accident and medical insurance policy.

Further, I hereby grant permission to the staff and physicians of the University of Notre Dame, any medical or surgical consultant deemed advisable, and any hospital to render to the above-named camper any medical and surgical treatment that they deem necessary. I understand that all possible effort will be made to inform me in case of such treatment.

Parent/Legal Guardian's Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_  
 Day Telephone: (\_\_\_\_\_) \_\_\_\_\_ Night Telephone: (\_\_\_\_\_) \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Emergency Telephone: (\_\_\_\_\_) \_\_\_\_\_

\*Specific details regarding the insurance policy is available through the Risk Management & Safety Department (574) 631-6975

**PARENT AUTHORIZATION FOR RELEASE OF INFORMATION**

The following 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 below\*. I authorize the University of Notre Dame to release medical information regarding the camper to any person or entity to whom the University of Notre Dame refers the camper for medical treatment.

**Parent or Legal Guardian Must Sign Here:** \_\_\_\_\_

**CAMPER'S HEALTH FORM**

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

\_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Heart Disease \_\_\_\_\_ Rheumatic Fever  
 \_\_\_\_\_ Bleeding Disorders \_\_\_\_\_ Convulsions/Seizures \_\_\_\_\_ Head Injury/Concussions

Allergies to Drugs: \_\_\_\_\_ Allergies to Foods: \_\_\_\_\_

Last Tetanus Immunization (date): \_\_\_\_\_

Current Medications: \_\_\_\_\_

Chronic or Recurring Illnesses: \_\_\_\_\_

Operations/Injuries (include dates): \_\_\_\_\_

Physical Restrictions\*: \_\_\_\_\_

Physician Telephone: (\_\_\_\_\_) \_\_\_\_\_ Dentist Telephone: (\_\_\_\_\_) \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I have read and I understand the camp program and application process as described in this brochure.

**Parent or Legal Guardian Must Sign Here:** \_\_\_\_\_