



2009

Notre Dame Baseball

Hitting Clinic

Sunday, December 6th, 2009

9am-Noon

@ Frank Eck Stadium/Indoor Facility

Please print clearly and fill out BOTH sheets and return, with payment, to the address listed below.

Last Name: _____

First Name: _____

Age at time of camp _____ Grade _____

H.S. Graduation Year: _____

GPA _____ SAT/ACT _____

Address _____

City/State/Zip _____

Phone _____

Email(required): _____

Bat: R L S

MAIL FORM AND PAYMENT TO:

UNIVERSITY OF NOTRE DAME
BASEBALL OFFICE
202 JOYCE CENTER
NOTRE DAME, IN 46556

For more information:

Contact: Graham Sikes

Phone: 574-631-6366

Email: gsikes@nd.edu

MAKE CHECKS PAYABLE TO:

UNIVERSITY OF NOTRE DAME BASEBALL CAMP

NOTRE DAME HITTING CLINIC: (GRADES 8-12) \$100.00

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When: Sunday, December 6th, 2009 9am-Noon

Where: The University of Notre Dame Baseball Stadium
(Eck Indoor Hitting Facility)

What: This clinic will look in-depth at the 5-foundations of hitting, hitting philosophy and technique along with the mental aspects of hitting. Each hitter will also receive video analysis. This hitting clinic is geared to the serious ballplayer who is looking to find *their* best swing!

Each camper should bring a bat. (Turf shoes or tennis shoes will be worn inside**) Helmets will be provided if you do not have one.

**Each person will receive a University of Notre Dame Baseball T-shirt.

Upon receipt of application and payment, you will receive a **confirmation email**.
******Once application and payment are received, there will be NO REFUNDS given.**

We look forward to having you here! Go Irish!!!!!!!!!!!!

Sincerely,
Notre Dame Coaching Staff

**Consent to Treatment
Limitation & Waiver of Liability**

In partial consideration of our child's acceptance into the Notre Dame Hitting Clinic, I/we as parents and/or legal guardian of _____ Do hereby agree to limit the liability of the Notre Dame Sports Camps, the University of Notre Dame, its staff and physicians to the coverage of the medical insurance policy covering participants in the Notre Dame Sports Camps as explained below, which we have read and understand. I/we further agree to waive all liability of the Notre Dame Sports Camps, the University of Notre Dame, its staff and physicians, for any accident, injury, illness or other mishap which might befall the above named camper while traveling to or from or during his/her attendance at the Notre Dame Sports Camp, Which is not covered by said medical insurance policy.

Further, I/we 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 the above named camper any medical or surgical treatment that they deem necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment.

Parent or Legal Guardian must sign

Day Phone _____ Evening Phone _____

Emergency Phone _____

Insurance

Accidental death and dismemberment coverage is provided according to schedule 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 on-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/clinic activities. Hernias are not covered. The contracting of illness or disease by campers are 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/her parents. Any additional coverage desired will also be the responsibility of camper's parents/guardian.