



Notre Dame Baseball



Winter Youth Clinic

December 27 – 30, 2010

CAMP OVERVIEW

The annual **Notre Dame Winter Youth Clinic** provides an excellent opportunity for boys ages 6 – 12 to be instructed by the University of Notre Dame Baseball staff. Members of the Notre Dame Baseball staff will be present and instructing at all times throughout the camp. The participants will be instructed in all phases of the game, including hitting, defense, pitching, and base running. This clinic will offer personal and group instruction. Attention is given to proper instruction and drills to enhance the skill level of each individual.

PROPOSED CAMP TIMES (E.S.T.)

The Notre Dame Winter Youth Clinic will begin at 9:00 am each day and run until 12:00 pm, Monday December 27th through Thursday December 30th. Prospective players have the option to attend one day or all four days.

TUITION AND DATES

The cost of camp is \$125.00 per camper for the full week. The rate per day will be \$35.00. *Upon arrival, all campers who sign up will receive a Notre Dame Baseball t-shirt.*

WHO CAN ATTEND

The camp is open to boys ages 6 - 12. We will allow only a finite number of campers at each age, so applicants are encouraged to register as early as possible.

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. We will also use the indoor field space available at the Joyce Athletic and Convocation Center on main 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, spikes, 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**



**NOTRE DAME BASEBALL
WINTER YOUTH CLINIC**



Name: _____ Age as of clinic date: _____
 Address: _____ Phone Number: (_____) _____
 City: _____ State: _____ Zip: _____ T-shirt Size: _____
 School: _____ School City/State: _____
 Little League Organization: _____
 Height: ____ Weight: ____ **E-Mail (required):** _____
Days Attending (please circle) 12/27 12/28 12/29 12/30 ALL

CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY

In partial consideration of my child's acceptance into the Notre Dame Winter Youth Clinic, I, as parent and/or legal guardian of _____ do hereby agree to limit the liability of the Notre Dame Winter Youth Clinic, 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 Youth Clinic. I further agree to waive all liability of the Notre Dame Winter Youth Clinic, 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 Youth Clinic, 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: _____