

Notre Dame Cheerleading Stunt & College Prep Clinic Registration Form

Name _____

Any operations or injuries _____

Date of Birth _____

Physical Restrictions _____

E-mail Address _____

Physician Name and Phone _____

Phone # _____

Dentist Name and Phone _____

Address _____

Insurance Provider _____

City _____

Insurance Policy Holder _____

State _____

WE000007000

Zip Code _____

**Attn: Notre Dame Cheerleading
103 Joyce Ctr.
Notre Dame, IN 46556**

School Name _____

*Checks payable to: University of Notre Dame
Cheerleading*

Emergency Contact Name _____

Emergency Contact Phone # _____

Height _____

Weight _____

Health Conditions _____

Drug Allergies _____

Current Medications _____

Chronic or Recurring Illnesses _____

Cheerleading Clinic Fee: \$85 (Early Bird Price = \$80 until 9/30/2019)

WAIVER AND CONSENT

In consideration of the University of Notre Dame's ("Notre Dame") acceptance of my child into its Summer Sports Camp ("Camp") and its provision of the Camp and related services and activities to my child, I agree as follows:

WAIVER OF LIABILITY: I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, release, acquit and forever discharge Notre Dame and its employees, agents, officers, trustees, contractors and representatives (in their official and individual capacities) from any and all liability whatsoever, including liability for the University's own negligence, for any and all damages, losses or injuries (including death, mental anguish or emotional distress) to persons and/or property, including but not limited to any claims, demands, actions, causes of action, damages, judgments, costs, expenses (including hospital and medical expenses or deductibles) and/or attorney's fees, that occur during, result from, arise out of or relate in any manner to my child's participation in, attendance at, or involvement with the Camp, including without limitation any loss, claim, demand, or suit that my child might assert once he/she attains the age of majority. I understand and acknowledge that, as part of my child's participation in, attendance at, and involvement with the Camp, Notre Dame may transport my child to and from off-site athletic facilities, which transportation shall be covered by this Waiver of Liability provision. In the event of an accident, injury (including death), illness or other damage sustained by my child during his/her participation in, attendance at, or involvement with the Camp (which for all purposes herein includes transportation to and from athletic facilities), I understand and 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 Camp as explained in the attached summary and fully set forth in the insurance policy.

PUBLICITY CONSENT: I grant Notre Dame and its employees, agents, officers, trustees, contractors, representatives, successors, licensees and assigns permission: (1) to photograph, video, or otherwise capture permanently in any form or medium my child's image, likeness, words, verbal expressions, or other depiction (hereinafter the "Images") in connection with my child's participation in, attendance at, and involvement with the Camp; (2) to edit, crop, or retouch such Images; and (3) to use the Images worldwide for any purpose, including educational, broadcasting, and advertisement purposes, and in any medium, including print and electronic. I understand that Images may be used with or without associating names thereto. I waive any claim for compensation of any kind for the use or publication of Images. I also waive any right to inspect or approve Images prior to their use. I agree that the permissions, understandings, and waivers set forth in this paragraph are irrevocable, and that all are provided by me individually and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives.

MEDICATION AND WAIVER OF LIABILITY: I also understand and acknowledge that Notre Dame does not have the medical staff or resources available during the Camp to store or administer prescription or non-prescription medications for my child. I have decided that my child 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. If my child possesses any medications (prescription or non-prescription), I understand that it will be my child's sole responsibility to safeguard and self-administer the medication at all times. Notre Dame will not be responsible for lost or stolen medication(s). I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, release, acquit and forever discharge Notre Dame and its employees, agents, officers, trustees, contractors and representatives (in their official and individual capacities) from any and all liability whatsoever, including liability for the University's own negligence, for any and all damages, losses or injuries (including death, mental anguish or emotional distress) to persons and/or property, including but not limited to any claims, demands, actions, causes of action, damages, judgments, costs, expenses (including hospital and medical expenses or deductibles) and/or attorney's fees, that arise out of or relate in any manner to the use, misuse, theft, loss or failure to adequately safeguard my child's medication at any time, including without limitation any loss, claim, demand, or suit that my child might assert once he/she attains the age of majority.

CONSENT TO TREATMENT: I hereby grant permission to the staff and physicians at Notre Dame, and any other medical provider deemed advisable by Notre Dame, to render the registered camper any medical or surgical treatment that they deem

necessary in an emergency. I understand that Notre Dame will make all reasonable efforts to inform me in the event of such treatment.

PARENT AUTHORIZATION/RELEASE OF INFORMATION

By signing this document:

- I attest that I am the parent or legal guardian of the registered camper, who is a minor child (younger than age 18).
- I attest that the registered camper's Health Form is correct to the best of my knowledge and confirm that my child has my permission to participate in Camp activities, with the exception of those noted on the Health Form.
- I authorize University of Notre Dame medical providers to release medical information regarding my child to interested parties, including parents and family physician.
- I attest that I have read the WAIVER OF LIABILITY, PUBLICITY CONSENT, MEDICATION AND WAIVER OF LIABILITY and CONSENT TO TREATMENT provisions above, that I fully understand their terms, and that I am aware that these provisions affect my legal rights and those of my minor child.
- I agree to the WAIVER OF LIABILITY, PUBLICITY CONSENT, MEDICATION AND WAIVER OF LIABILITY and CONSENT TO TREATMENT provisions above freely and voluntarily, without any inducement.

CAMP MEDICAL INSURANCE POLICY SUMMARY

Accidental death and dismemberment coverage is provided according to a 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 a primary basis; claims over \$250 (to a maximum of \$50,000) are paid on an excess basis, meaning that a 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 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/her parents. Any additional coverage desired will also be the responsibility of camper's parents/guardian.

NOTRE DAME SPORT CAMPS

CAMPER CODE OF CONDUCT

2019

Notre Dame Sport Camps is a unique opportunity for campers ranging from kindergarden-12th grade to participate in an immersive training experience on the campus of the University of Notre Dame under the guidance of Notre Dame Athletics staff and student-athletes. Campers will have the opportunity to learn from our coaching staff and play on the same surfaces as our varsity teams. Notre Dame Athletics has worked to create a safe, respectful, and thoughtful environment for campers to learn in.

In order to maintain the integrity of the Sport Camp Program and foster a safe and enriching environment, campers and his/her Parent or Legal Guardian agree, understand and commit:

1. Camper will fully and actively participate in the camp
2. Camper will participate in the full duration of camp
 - a. Should he/she need to leave early, they must notify the camp director
 - b. Early Departure form must be signed by Parent/Legal guardian and camp director

3. Camper will adhere to the Camp Program expectations:
 - a. No bullying of any kind will be tolerated
 - b. No fighting
 - c. No stealing
4. Camper will remain with his/her camp group at all times while on campus and in dorms
5. Camper will not possess or consume any alcohol, tobacco, or illegal substances
6. If staying in the dorm, Camper will keep their room clean and avoid any damaging activity
7. Camper will respect his/her fellow campers and coaches
8. Parent/Legal Guardian will meet all pre-camp requirements including:
 - a. Completion of online registration form
 - b. Parent or Legal Guardian signed Waiver & Consent form
 - c. Full payment of camp cost
9. If a camper contacts their parent/legal guardian with a complaint or concern, the parent/legal guardian is expected to notify the Camp Director

I understand that as a condition of my child's acceptance into the Program, I agree that my child and I will comply with the terms and provisions outlined in the Camper Code of Conduct. I further understand that the University reserves the right in its sole discretion to dismiss my child from the Camp at any time should his or her actions or general behavior disrupt, interfere with, or otherwise impeded the operations of the Camp or the rights or welfare of any person. If my child is dismissed from the Camp, I understand that I will not receive any refund (pro-rated or otherwise) for any portion of the Camp.

My child and I acknowledge and represent that we have read this entire document, that we understand its terms and provisions and that we are signing it knowingly and voluntarily.

Signature: _____ **Date:** _____