

2017 NOTRE DAME MEN'S BASKETBALL CHRISTMAS CLINIC

SITE: The setting for the 2017 Notre Dame Men's Basketball Christmas Clinic is the nationally renowned campus of the University of Notre Dame, located on the outskirts of South Bend. The activities will take place at the Joyce Center Fieldhouse.

DATES & FEES: Thursday, December 28 from 9:00 a.m. until 12:00 Noon. The cost is \$40.00 per child.

REGISTRATION PROCEDURES: All prospective campers must submit the completed application and a copy of the family's medical insurance card. Please make checks payable to **the University of Notre Dame**.

ELIGIBILITY: BOYS – GRADES 1 through 6 and GIRLS- GRADES 1 through 8

PROGRAM: Individual and Group Instruction in all phases of basketball. Special attention will be devoted to Team Play, Defense, Offense, Ball handling, Passing and Shooting.

CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY: In partial consideration of our child's acceptance into the 2017 Notre Dame Basketball Christmas Clinic, I/we as parents and/or legal guardians of **(Name)** _____ **(Age)** _____ do hereby agree to limit the liability of the 2017 Notre Dame Basketball Christmas Clinic, the University of Notre Dame, their employees, agents, officers, staff and physicians, to the coverage of the medical insurance policy covering participants in the 2017 Notre Dame Basketball Christmas Clinic as explained in this flyer, which we have read and understand. I/we further agree to waive all liability of the 2017 Notre Dame Basketball Christmas Clinic, the University of Notre Dame, their employees, agents, officers, staff and physicians, for any accident, injury (including death), illness or other mishap which might befall the above-named camper while traveling to or from, or during his attendance at the 2017 Notre Dame Basketball Christmas Clinic, 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 to the above-named camper any medical and 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'S NAME (PRINTED) **SIGNATURE**

ADDRESS/CITY/STATE/ZIP

_____/_____
PHONE (CELL) **EMERGENCY PHONE**

CAMPER'S HEALTH FORM – To be completed and signed by camper's parents or legal guardians

() Asthma () Bleeding Disorders () Convulsions/Seizures () Diabetes () Head Injury/Concessions () Heart Disease () Rheumatic Fever

Allergies to Drugs _____/ Allergies to Foods _____/ Last Tetanus Immunization (Date) _____

Current medications: _____/ Chronic or Recurring Illnesses: _____

Operations/Injuries (including Dates: _____

PARENTS AUTHORIZATION/RELEASE OF INFORMATION

This health history is correct to the best of my knowledge and my son/daughter 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.

PARENTS OR LEGAL GUARDIAN MUST SIGN