

COACHES VS. CANCER
PRESENTS

FIGHTING IRISH SWIM CLINIC



SEPTEMBER 24, 2011

ROLFS AQUATIC CENTER
UNIVERSITY OF NOTRE DAME

FIGHTING IRISH SWIM CLINIC

September 24, 2011

In conjunction with Coaches vs. Cancer, the University of Notre Dame Swimming & Diving program is proud to present the FIGHTING IRISH SWIM CLINIC benefitting RiverBend Cancer Services and the American Cancer Society. The swim clinic is open to any and all swimmers, ages 8-18.



The clinic will take place at the Rolfs Aquatic Center on the beautiful campus of the University of Notre Dame. Located on the southeast end of campus, the Rolfs Aquatic Center is housed in the Joyce Athletic & Convocation Center.



CLINIC SCHEDULE:

| | |
|----------------|------------------|
| 9:00 am | Check In |
| 10:00–12:00 pm | In-Water Clinic |
| 12:00-1:30 pm | Lunch (provided) |
| 1:45-3:45 pm | In-Water Clinic |
| 4:00 pm | Close |

Since all proceeds from the clinic will be benefitting RiverBend Cancer Services and the American Cancer Society, we are asking for a base contribution of \$50 per person to participate in the clinic. Higher contribution amounts are greatly appreciated!



REGISTRATION FORM

Name: _____

Age: _____

Club Team: _____

Home Address: _____

Street: _____

City: _____

State: _____ Zip: _____

Phone number: _____

E-mail: _____

Contact person: _____

T-shirt size: (please check one)

- Small Large
 Medium X-Large

Contribution amount: (please check one)

- \$50. \$75.
 \$100. \$125.
 \$150. More!

Please complete the above information, separate this form, the waiver & consent, and the insurance page from the brochure, and mail them, along with a check payable to *RiverBend Cancer Services* or *American Cancer Society*, to the following address:

University of Notre Dame
Attn: Dawn Mays
112 Joyce Center
Notre Dame, IN 46556

CAMPER'S HEALTH FORM

Please check any Health Conditions:

- Asthma
 Bleeding disorders
 Convulsions/seizures
 Diabetes
 Head Injury/Concussions
 Heart Disease
 Rheumatic Fever

Allergies to Drugs: _____

Allergies to Foods: _____

Current medications: _____

Chronic or Recurring Illnesses: _____

Operations/Injuries: _____

Physician Telephone: _____

Dentist Telephone: _____

Name of Insurance Company: _____

Telephone number for claims department: _____

ID Number: _____

Group Number: _____

Name of Employer: _____

Employer Phone Number: _____

Name of Policy Holder: _____

Last tetanus Immunization: _____

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 a primary basis; claims over \$250 (to a maximum of \$50,000) are paid on an 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 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.

WAIVER AND CONSENT

WAIVER OF LIABILITY: In consideration of my child's acceptance and participation in the University of Notre Dame ("Notre Dame") (Camp/Clinic), I, individually and on behalf of my minor child, do hereby release and forever discharge Notre Dame and its officers, trustees, employees, contractors and representatives from all liability of any kind for any claim, demand, action, cause of action, damage, judgment, cost or expense that arises out of, occurs during or relates in any manner to my child's participation in, attendance at, activities at, or incidental to the aforementioned (Camp/Clinic), including without limitation those that my child might assert once he/she attains the age of majority. In the event of an accident, injury (including death), illness or other damage sustained by my child while traveling to or from, or during his or her attendance at, the Notre Dame (Camp/Clinic), I understand and hereby 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/Clinic) as explained in this brochure and set forth in the insurance policy. I also understand and acknowledge that Notre Dame may transport my child to off-site athletic facilities. I, individually and on behalf of my minor child, do hereby release and forever discharge Notre Dame and its officers, trustees, employees, contractors and representatives from all liability of any kind for any claim, demand, action, cause of action, damage, judgment, cost or expense that arises out of, occurs during or relates in any manner to my child's travel to off-site athletic facilities in connection with the (Camp/Clinic), including without limitation those that my child might assert once he/she attains the age of majority.

PUBLICITY CONSENT: I hereby give Notre Dame, its assigns, contractors, licensees, and legal representatives the irrevocable right to use my minor child's name, picture, voice and/or likeness in all forms and media and in all manners for advertising, for promotion, or for any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection with my child's participation or attendance at the (Camp/Clinic).

MEDICATION AND WAIVER OF LIABILITY: I also understand and acknowledge by my signature below that Notre Dame does not have the medical staff or resources available during the (Camp/Clinic) 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 child and our respective heirs, successors, personal representatives and assigns, hereby release and forever discharge Notre Dame and its officers, trustees, employees, contractors and representatives from all liability of any kind for claim, demand, action, cause of action, damage, judgment, cost or expense that arises out of or relates in any manner to the use, misuse, theft, loss or failure to adequately safeguard my child's medication at any time, including without limitation those 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 above named camper any medical or surgical treatment that they deem necessary in an emergency. I understand that Notre Dame will make all possible effort to inform me in the event of such treatment.

PARENT AUTHORIZATION / RELEASE OF INFORMATION

The Camper's Health Form is correct to the best of my knowledge and my child has my permission to participate in camp activities with the exception of those noted above. I authorize University of Notre Dame medical providers to release medical information regarding my child to interested parties, including parents and family physician. I have read the WAIVER OF LIABILITY, PUBLICITY CONSENT, MEDICATION AND WAIVER OF LIABILITY and CONSENT TO TREATMENT provisions above, fully understand their terms, understand that I give up substantial rights by signing below, and sign below freely and voluntarily without any inducement.

Parent or Legal Guardian Name (printed)

SIGNATURE

PHONE: Day _____ Night _____

PHONE: Emergency _____

NOTRE DAME HEAD COACH



BRIAN BARNES

The Fighting Irish Swim Clinic will be directed by Head Coach Brian Barnes and members of the Notre Dame Swimming Team.

Brian Barnes was named the University of Notre Dame's head swimming coach in 2008, after spending the previous three years as an assistant coach with the world-renowned Auburn University swimming program. During his tenure at Notre Dame, Barnes has coached the Irish to two BIG EAST Conference Championships and was twice named BIG EAST Coach of the Year.



All proceeds from the Fighting Irish Swim Clinic will help fund the wellness center at RiverBend Cancer Services and research through The American Cancer Society.

For more information...

RiverBend Cancer Services: www.riverbendcancerservices.org

American Cancer Society: www.cancer.org



Questions? Contact us:

Brian Barnes: (574) 631-8455

Dawn Mays: (574) 631-8090

FOLLOW US ON TWITTER!

@NDwSwimming

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@NDcoachBarnes

University of Notre Dame

Women's Swimming & Diving Office

125 Joyce Center

Notre Dame, IN 46556