



# Notre Dame Baseball



## Fall Prospect Camp

September 24<sup>th</sup> and 25<sup>th</sup>, 2011

### CAMP OVERVIEW

The annual **Notre Dame Fall Prospect Camp** provides an excellent opportunity for high school sophomores, juniors, and seniors to be instructed by the University of Notre Dame Baseball staff. The entire Notre Dame Baseball staff will be present at all times throughout the camp, including Head Coach Mik Aoki. The participants will be instructed in all phases of the game, and will also be given the opportunity to showcase their abilities. The annual **Notre Dame Fall Prospect Camp** is designed for the *serious baseball player* – one who has the interest and desire to play collegiate and/or professional baseball. College coaches from the mid-west will be in attendance and serve as camp clinicians.

### PROPOSED CAMP SCHEDULE (E.S.T.)

Saturday, September 24<sup>th</sup>

#### Time

9:00 am	Registration @ Eck Stadium
10:00 am	Introduction (Mik Aoki)
10:15 am	Hitting/Pitching talk
10:45 am	Stretch
11:15 am	Defensive Fundamentals
11:45 am	Defensive Workout/Hitting Workout
3:00 pm	Games Begin

Sunday, September 25<sup>th</sup>

#### Time

9:00 am	Positional Work
11:00 am	Games Begin

**\*\*please note that the schedule and times are subject to change\*\***

**In the event of a change in the schedule or times, you will be notified via email**

### TUITION

The cost of camp is \$150.00 per camper. If you wish to attend as BOTH a pitcher and position player, the cost is \$225.00, as you will be treated as two separate players. **No walk up registrations will be taken; all campers must be preregistered.** Upon arrival, all campers will receive a Notre Dame Baseball t-shirt.

### WHO CAN ATTEND

The camp is open to any and all individuals who will be high school sophomore, junior, and senior baseball players in the Fall of 2011. Exact numbers will be permitted for each playing position; when a certain position fills up, we will no longer accept campers for that particular position. Positions are as follows: Pitcher, Catcher, First Base, Infield, & Outfield.

### SITE AND FACILITY

The setting for the Notre Dame Fall Baseball Camp 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 at the beautiful Frank Eck Stadium, Loftus Athletic Center, and the Joyce Athletic Center. The Eck seats 3,000 Irish fans, and is equipped with four bullpen mounds, four outdoor hitting cages, and a major league clubhouse. Our indoor hitting facility boasts four batting cages, two dirt mounds, and two state of the art HomePlate pitching machines.

## 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 confirmation email. The confirmation will provide definitive times and locations of camp check-in.

*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**

**\*\*Please note: All confirmations will be sent via Email, so it is important to provide a valid email address\*\***

Please make checks payable to **Notre Dame Baseball Camp**. Credit card payments will not be accepted.

**\*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 his own baseball equipment. Players will need their own bat, glove, batting gloves, turf shoes or sneakers, and catchers must bring their own gear. All campers will be issued a Notre Dame Baseball t-shirt to be worn during camp. However, all campers must bring their own baseball pants and hat. Also, because some of the camp will be run on turf fields, campers will need sneaker or turf shoes in addition to their spikes. Campers are encouraged, **but not required**, to bring an unofficial copy of their transcripts to registration. **If you have any questions concerning camp, please contact the camp coordinator, Coach Chuck Ristano, at (574) 631-6366, or via email at cristano@nd.edu.**

## TRANSPORTATION

Each camper will be responsible for all areas of transportation, including to and from the airport and camp each day. Airfare quotes are available for those needing to fly to South Bend by calling Anthony Travel, Inc., on the campus of the University of Notre Dame at 1-800-366-3772. South Bend is also accessible via Amtrak and major bus lines. Notre Dame is located off the Indiana Toll Road at exit 77.

**NOTE: Please do not make flight reservations until you have received your confirmation email.**

### **Taxi Cab Companies:**

Yellow Cab: (574) 233-9333

University Cabs & Motors: (574) 233-4004

Michiana Taxi: (574) 233-4040

## ACCOMMODATIONS

**Each camper will be responsible for his own lodging accommodations while attending camp.**

**Waterford Estates and Lodge**

**574-272-5220**

**Hampton Inn**

**574-277-9373**

**Hvatt Place**

**1800-553-3971**



**NOTRE DAME BASEBALL  
2011 FALL P ROSPECT CAMP**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 High School: \_\_\_\_\_  
 Best College Position: \_\_\_\_\_

Date of High School Graduation: \_\_\_\_\_  
 Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_  
 H.S. City/State: \_\_\_\_\_  
 Height: \_\_\_\_ Weight: \_\_\_\_ E-Mail: \_\_\_\_\_

**CAMP POSITION- primary: (circle) P C 1B IF OF**

**CAMP POSITION- secondary: P C 1B IF OF**

Grade Point Average: \_\_\_\_\_ Class Rank: \_\_\_\_\_ SAT: \_\_\_\_\_ ACT: \_\_\_\_\_

**CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY**

In partial consideration of my child's acceptance into the Notre Dame Fall Prospect Camp, I, as parent and/or legal guardian of \_\_\_\_\_ do hereby agree to limit the liability of the Notre Dame Fall Prospect Camp, 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 Fall Prospect Camp. I further agree to waive all liability of the Notre Dame Fall Prospect Camp, 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 Fall Prospect Camp, 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:** \_\_\_\_\_