

## 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.

## TRANSPORTATION:

For those needing to fly to South Bend, please call Anthony Travel, the Official Travel Partner of Notre Dame, at 1-800-366-3772. Identify yourself as attending the summer sports camps, and their on-campus sports travel professionals will research the most cost-effective flight options for you and provide invaluable consultative advice on traveling to campus.



### CAMP DIRECTORS

#### DEBBIE BROWN

- 20th season at Notre Dame (16 post-season appearances)
- Conference Coach of the Year '86, '91, '92, '93, '94, '95, '00, '01, '03 & '05
- District Coach of the Year '92, '93, '97 & '05
- Olympic Team Assistant Coach '88

- National Team Assistant Coach '87 - '90
- 1980 Olympic Team Co-Captain
- All-American accolades as a player at U.S.C. in '77 and '78
- Won two national championships at U.S.C. '77 and '78
- Received the "All-Time Great" award from USA Volleyball in '95



#### ROBIN DAVIS

- 7th season at Notre Dame
- Head Coach at Boise State '06, '07, '08
- Assistant Coach at Northern Arizona '99, '00
- Head Coach at Biola '88, '89, '92, '93, '94, '95, '96, '97, '98



#### MATT BOTSFORD

- 3rd season at Notre Dame
- Assistant Coach at The University of Miami '04-'07
- USA Volleyball A1 Select assistant coach '07, '08, '09

## CAMP HIGHLIGHTS

- Excellent staff and facilities
- adidas package
- Daily competition
- ND coaching staff at every session
- 8:1 camper-to-coach ratio
- Positional-specific help sessions

## DAILY SCHEDULE

- 8:00 a.m. Breakfast
- 9:00-11:30 a.m. Individual skills training
- Noon Lunch - break
- 1:30-4:30 p.m. Team skills training
- 5:30 p.m. Dinner - break
- 6:30-9:00 p.m. Individual skills/Camper's choice
- 9:30 p.m. Be inside residential hall
- 11:00 p.m. Lights out

TIMES SUBJECT TO CHANGE

## CAMP COUNSELORS

We are proud of the group of counselors we have developed over the years. They are excellent coaches who are excited to return each year to teach volleyball in a fun and competitive atmosphere. They include current and former Notre Dame players as well as collegiate and club coaches.



Non-Profit  
Organization  
U.S. Postage  
PAID  
Notre Dame, IN  
Permit #10



UNIVERSITY OF NOTRE DAME  
P.O. BOX 767  
NOTRE DAME, INDIANA 46556-5678



NOTRE DAME® VOLLEYBALL

# 2010 NOTRE DAME® GIRLS VOLLEYBALL CAMP



July 7-10 for girls grades 6 through 8  
July 11-14 for girls grades 9 through 12  
on the campus of the  
University of Notre Dame

**Application, Consent to Treatment, and Health Form must be completed and sent along with FULL payment to the Camp Office for enrollment. No deposits accepted.**

CAMPER'S NAME: Last First MI

ADDRESS: Street

City State Zip

Grade in Fall (2009) Age (during camp) Height

( ) ( )

Telephone Parent's Cell Phone

Name of School Name of Club Team

**Week 1**

**JULY 7-10** Entering Grades 6 through 8  
 **BOARDERS:** \$425.00  **NON-BOARDERS:** \$350.00

**Week 2**

**JULY 11-14** Entering Grades 9 through 12  
 **BOARDERS:** \$425.00  **NON-BOARDERS:** \$350.00

**PAYMENT BY:**  Check  MasterCard  Visa

Please make checks payable to the Notre Dame Volleyball Camp. Please send check and application to the address on next panel. Checking account debit cards will not be accepted. **In accordance with NCAA regulations, a high school student's expenses must be paid by the student's parent or legal guardian. No third party payment will be accepted.**

Card # Exp. Date

Cardholder Name (print) Signature

( ) ( )

Phone: Home Work

ADDRESS: (If different from above)



**2010 APPLICATION  
ND SUMMER GIRLS VOLLEYBALL CAMP**

University of Notre Dame  
P.O. Box 767 • Notre Dame, IN 46556-5678  
(574) 631-8788 University Camps  
(574) 631-3378 Volleyball Camp

**JULY 7-10 & JULY 11-14**

**Register early. CAMPS DO SELL OUT. Open until full or July 3, 2010**

**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). 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 is related to, in any, the travel to off-site athletic facilities in connection with the (Camp/Clinic).

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.

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.

**PLEASE DO NOT USE STAPLES**

FOR OFFICE USE ONLY:

CAMP CODE _____
AMOUNT _____
CK # _____ / B- _____

**CAMPER'S HEALTH FORM**

To be completed and signed by camper's parents or legal guardians

- |   |  |
|---|--|
| <input type="checkbox"/> ASTHMA               | <input type="checkbox"/> HEAD INJURY/CONCUSSIONS |
| <input type="checkbox"/> BLEEDING DISORDERS   | <input type="checkbox"/> HEART DISEASE           |
| <input type="checkbox"/> CONVULSIONS/SEIZURES | <input type="checkbox"/> RHEUMATIC FEVER         |
| <input type="checkbox"/> DIABETES             |  |

ALLERGIES TO DRUGS \_\_\_\_\_

ALLERGIES TO FOODS \_\_\_\_\_  
(that require dining hall intervention)

LAST TETANUS IMMUNIZATION (date): \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

CHRONIC OR RECURRING ILLNESSES: \_\_\_\_\_

OPERATIONS/INJURIES (including dates): \_\_\_\_\_

PHYSICAL RESTRICTIONS\*: \_\_\_\_\_

PHYSICIAN TELEPHONE \_\_\_\_\_

DENTIST TELEPHONE \_\_\_\_\_

NAME OF INSURANCE \_\_\_\_\_

TELEPHONE NUMBER FOR CLAIMS \_\_\_\_\_

CONTRACT NUMBER \_\_\_\_\_

GROUP NUMBER \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

EMPLOYER PHONE NUMBER \_\_\_\_\_

NAME OF POLICY HOLDER \_\_\_\_\_

**PARENT AUTHORIZATION/RELEASE OF INFORMATION**

The Camper's Health Form is correct to the best of my knowledge and my daughter 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 daughter 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 Names (Printed)

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

( ) ( )

**PHONE: Day Night**

( )

**PHONE: Emergency**

**Please Read Carefully and Retain for Your Information**

**SITE:**

The setting for the Notre Dame Summer Volleyball 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. All campers will reside in one of the residence halls normally occupied by undergraduate students of the University or Saint Mary's. Meals will be served in the North Dining Hall. Many of the nation's finest athletic facilities will be utilized during each camp session.

**APPLICATION PROCEDURES:**

All prospective campers must submit the completed application portion of this brochure. Applications will be processed on a first-come, first-served basis until all sessions are filled. Acceptance of a camper will be verified upon receipt of the camp confirmation packet. Please read the confirmation packet carefully as it details the camp schedule, items to bring, as well as roommate & transportation information. If **after** reviewing the confirmation packet, you have additional questions, please contact the camp office at ndcamps@nd.edu or (574) 631-8788. Please note: There will be a \$25 walk-up fee for any application not received by the camp office prior to the start of registration.

If a camp has been filled prior to the receipt of a camper's application, the camp office will offer you the opportunity to have the application held on a waiting list if desired. If the application cannot be accepted for any reason, the application and camp fee will be returned by mail.

**ROOMMATE REQUEST:**

Please **do not** include your roommate request with your application, as it **will not** be considered. A roommate request form will be included in the confirmation packet, which can be filled out and returned to the summer camp office. Please keep in mind that we do our best to meet all roommate requests, however, due to accommodation limitations we cannot always meet every request, and we will be under no obligation to honor requests received less than seven days prior to the start of the camp. The majority of our dorm rooms are doubles, but campers could be placed in singles, triples, or quads, depending on the dorm in which the camp is residing. We **do not** accept requests for triples or quads.

**ELIGIBILITY:**

Any and all girls who, in June of 2010, will have completed the 5th through the 12th grades are eligible.

**DATES & FEES:**

**July 7-10** • Grades 6 through 8 (Boarders \$425.00/Non-Boarders \$350.00)

**July 11-14** • Grades 9 through 12 (Boarders \$425.00/Non-Boarders \$350.00)

**BOARDERS**

*Includes all meals, lodging, insurance, instruction and an adidas package.*

**NON-BOARDERS**

*Includes noon and evening meals, insurance, instruction and an adidas package.*

**REFUND PROCEDURES**

If an accepted application is withdrawn for any reason up until **8** days prior to the start of the camp session, you will receive a refund less a **\$75** cancellation fee. **No** refund will be issued within **1 week** of a camp session's start date.

**DETACH HERE**