

CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY

In partial consideration of our child's acceptance into the Notre Dame 5 v 5 Clinic, I/we as parents and/or legal guardians of _____ do hereby agree to limit the liability of Notre Dame, its employees, agents, officers, staff and physicians, to the coverage of the medical insurance policy covering participants in the Notre Dame 5 v 5 Clinic as explained in this registration pamphlet, which we have read and understand. I/we further agree to waive all liability of the Notre Dame 5 v 5 Clinic, its employee, 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 Notre Dame 5 v 5 Clinic, which is not covered by said medical insurance policy. 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 of \$50,000. Claims up to \$250 per claim will be paid on the excess basis, meaning that family or employer group coverage must pay its maximum first. This refers to medical expenses incurred because of injury related in any way to any child's participation in, attendance at, activities at, or incidental to camp activities. Hernias are not covered. The contracting of illness of disease by camper is not covered under this plan. Payment for medication and/or hospitalization needed by camper as a result of illness of disease is the responsibility of the camper and his/her parents. Any additional coverage desired will also be the responsibility of his parents.

I/we hereby consent to any publicity, including the use of my child's name and likeness, and waive any right to inspect and/or approve any form of printed or electronic media which may be used in connection with my child's participation in the Clinic.

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

(_____) _____

(_____) _____

Phone: Day

Phone: Emergency

Health Form

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

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

ALLERGIES TO DRUGS: _____

ALLERGIES TO FOODS: _____

LAST TETANUS IMMUNIZATION (date): _____

CURRENT MEDICATIONS: _____

CHRONIC OR RECURRING ILLNESSES: _____

OPERATIONS/INJURIES (including dates): _____

PHYSICAL RESTRICTIONS *: _____

PHYSICIAN TELEPHONE: _____

DENTIST TELEPHONE: _____

MEDICAL INSURANCE: _____

POLICY NUMBER: _____

PARENT AUTHORIZATION/RELEASE OF INFORMATION

This health history 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 Health Services to release medical information regarding the above named participant to interested parties including parents and family physician.

PARENT OR LEAGAL GUARDIAN MUST SIGN



Irish
5 v 5
Lacrosse Clinic

September 26, 2009

**Loftus Center
& LaBar Field Turf**



Program Join the Notre Dame Women's Lacrosse Team on Sept. 26, 2009 for a 1-hour training session lead by the Irish coaching staff and players. Learn the latest techniques and strategies from some of our favorite drills. Then, compete in a round robin 5 v 5 tournament with your team.

Eligibility This clinic is recommended for high school players in grades 9-12.

Application Procedures All prospective campers must submit the completed application, consent and health forms. To register as a team, you must have at least 5 players and 1 goalie. Teams are limited to 8 players, including 1 goalie. Individuals can register and will be assigned to a house team. All participants, even if you are registering as a team, must submit their own individual application. Applications will be processed on a first-come, first-served basis until the 5 v 5 clinic is filled.

Campers must bring their own stick and mouthguard. Goalies must bring full gear. Teams can wear club or H.S. uniforms. Participants will be provided with a reversible.

Team Name: _____

Teammates: (1) _____ (2) _____

(3) _____ (4) _____

(5) _____ (6) _____

(7) _____ (8) _____

Individual Player Information:

Last First MI

Street City

State Zip Telephone

Grade in Fall Age Height Weight

Name of High School

Name of Club Team

Payment: \$380.00 Team Registration \$55.00 Individual Registration

Please make checks payable to the University of Notre Dame.

Please send check and application to the address above.

Irish Lacrosse

'06 NCAA Semifinals

'02, '06, '09 NCAA Quarterfinals

'02, '04, '06, '08, '09 NCAA Tournament

'07, '08, '09 Big East Tournament

'09 Big East Champions



University of Notre Dame

Women's Lacrosse

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