



Notre Dame Baseball



Fall Prospect Camp

October 2nd-3rd, 2010

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 during the games. 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.)

TIME SATURDAY

9:00am Registration @ Eck Stadium
 10:00 Introduction (Mik Aoki)
 10:15 Hitting Talk / Pitching Instruction
 10:45 Stretch
 11:15 Defensive Fundamentals Breakdown
 11:45 Defensive Workout / Hitting Workout (Game Field)
 4:00pm GAME #1 – Team 1 vs. Team 2
 6:00 GAME #2 – Team 3 vs. Team 4
 8:00 GAME #3 – Team 5 vs. Team 6

TIME SUNDAY

9:00am Positional Work
 11:00 Game #4 – Team 1 vs. Team 2
 (3 & 4 Campus Tour & lunch)
 1:00 Game #5 – Team 3 vs. Team 4
 (1, 2, 5, 6 Campus Tour & lunch)
 3:00 Game #6 – Team 5 & Team 6

***all games are 6 innings**

TUITION AND DATES

The cost of camp is \$125.00 per camper. If you wish to attend as BOTH a pitcher and a position player, the cost is \$200.00, as you will be treated as two separate players. **No walk-up registrations will be taken; all campers must be pre-registered.** 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 2010. 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. **NOTE (IF / OF): During each game, you will play all three positions – 2B, SS, 3B or LF, CF, RF.**

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 on-field camp will take place at beautiful Frank Eck Stadium on the southeast corner of the campus. This facility seats 3,000 Irish fans, and is equipped with four bullpen mounds, four outdoor hitting cages, an indoor hitting/pitching facility, and a Major League clubhouse.

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 packet.

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 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, spikes, 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. 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.**

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 packet.

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

Hyatt Place

800-553-3971



**NOTRE DAME BASEBALL
2010 FALL PROSPECT 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: _____