

Notre Dame Softball's 3rd Annual Hitting Academy

**University of Notre Dame
Joyce Center - Softball Office
Notre Dame, IN 46556**

**Sign up now
Only 40 participants
will be admitted into
the Hitting Academy**

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 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 group coverage must pay its maximum first. This refers to medical expenses incurred because of injury sustained during scheduled and supervised clinic 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 her parents. Any additional coverage desired will also be the responsibility of participant's parents.

CONSENT TO TREATMENT

LIMITATION AND WAIVER OF LIABILITY

In partial consideration of our child's acceptance into the Notre Dame Hitting Clinic, I/we as parents and /or legal guardians of _____ do hereby agree to limit the liability of the Notre Dame Hitting Clinics, the University of Notre Dame, its staff and physicians, for any accident, injury, illness or other mishap which might befall the above named camper while traveling to or from, or during her attendance at the Notre Dame Hitting Clinics, which is not covered by said medical insurance policy.

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/Legal Guardian (Print Name):	Parent/Legal Guardian (Signature):
Day Phone:	Evening Phone:
Emergency Contact:	Relationship:
Day Phone:	Evening Phone: