



NOTRE DAME BASEBALL 2009 FALL BASEBALL CAMP APPLICATION

Address:	Name:	Date of High School Graduation:
Best College Position:	Address:	Phone Number: ()
Best College Position:	City:	State: Zip: T-shirt Size:
SESSION ATTENDING (circle): Aug. 29-30 Sept. 12-13 CAMP POSITION- primary; (circle): P C 1B IF OF CAMP POSITION- secondary: P C 1B IF OF CAMP POSITION- p C	High School:	H.S. City/State:
CAMP POSITION - secondary P C 1B IF OF Grade Point Average:	Best College Position:	Height: Weight: E-Mail:
CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY In partial consideration of our child's acceptance into the Notre Dame Fall All-Star Baseball Camp, I'we as parents and/or legal guardians of do hereby agree to limit the liability of the Notre Dame Fall All-Star Baseball Camp, the University of Notre Dame, its employees, agents, officers, staff and physicians, to the coverage of the medical insurance policy occurring participant in the Notre Dame Fall All-Star Baseball Camp, the University of Notre Dame, this employees, agents, officers, staff and physicians, for any cardient, injury (including death), illness or other mishap which might befall the above-named camper while transpit or from, or during his attendance at the Notre Dame Fall All-Star Baseball Camp, 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's Name (printed):	SESSION ATTENDING (circle): Aug. 29-30 Sept. 12-13	
In partial consideration of our child's acceptance into the Notre Dame Fall All-Star Baseball Camp, by do hereby agree to limit the liability of the Notre Dame Fall All-Star Baseball Camp, to the Notre Dame Fall All-Star Baseball Camp as explained in the brochare, which we have read and understand. I've further agree to waive all liability of the Notre Dame Fall All-Star Baseball Camp as explained in the brochare, which we have read and understand. I've further agree to waive all liability of the Notre Dame Fall All-Star Baseball 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 while traveling to or from, or during his attendance at the Notre Dame Fall All-Star Baseball Camp, 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 ease of such treatment. Parent/Legal Guardian's Name (printed): Signature: Day Telephone: Day Telephone: Night Telephone: Night Telephone: Medications: Camper's Health Forms Allergies to Drugs: Last Tetanus Immunization (date): Current Medications: Chronic or Recurring Illnesses: Operations/Injuries (include dates): Physician Telephone: Physician Telephone: Physician Telephone: Dentist Telephone: Policy Number: Physician Telephone: Policy Number: Physician Telephone: In administration regarding the above-named participant to interested parties including parents and family physician.	Grade Point Average: Class Rank:	SAT: ACT:
University of Notre Dame, its employees, agents, officers, staff and physicians, to the coverage of the medical insurance policy covering participants in the Notre Dame Fall All-Star Baseshall Camp as explained in the brother, which we have read and understand. I/we further agree to waive all liability of the Notre Dame Fall All-Star Baseball 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 with traveling to or from, or during his attendance at the Notre Dame Fall All-Star Baseball Camp, 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's Name (printed); Signature: Day Telephone: Night Telephone: Night Telephone: Night Telephone: Night Telephone: Asthma Diabetes Heart Disease Rheumatic Fever Bleeding Disorders Allergies to Drugs: Allergies to Drugs: Allergies to Foods: Last Tetanus Immunization (date): Current Medications: Chronic or Recurring Illnesses: Operations/Injuries (include dates): Physician Telephone: Dentist Telephone: Physician Telephone: Dentist Telephone: Policy Number: PARENT AUTHORIZATION FOR RELEASE OF INFORMATION This 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 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.	In partial consideration of our child's acceptance into the Notre Dame I	Fall All-Star Baseball Camp, I/we as parents and/or legal guardians of
Day Telephone: (in the Notre Dame Fall All-Star Baseball Camp as explained in the brochur liability of the Notre Dame Fall All-Star Baseball Camp, the University of N accident, injury (including death), illness or other mishap which might bef attendance at the Notre Dame Fall All-Star Baseball Camp, which is not cove Further, I/we hereby grant permission to the staff and physicians of the	re, which we have read and understand. I/we further agree to waive all otre Dame, its employees, agents, officers, staff and physicians, for any all the above-named camper while traveling to or from, or during his red by said medical insurance policy. University of Notre Dame, any medical or surgical consultant deemed
Day Telephone: (Parent/Legal Guardian's Name (printed):	Signature:
CAMPER'S HEALTH FORM To be completed and signed by camper's parents or legal guardian Asthma		
Asthma Diabetes Heart Disease Rheumatic Fever Bleeding Disorders Convulsions/Seizures Heart Disease Rheumatic Fever Head Injury/Concussions Allergies to Drugs:	Emergency Contact:	
Last Tetanus Immunization (date):	To be completed and signed by camp Asthma Diabetes	per's parents or legal guardian Heart Disease Rheumatic Fever
Current Medications: Chronic or Recurring Illnesses: Operations/Injuries (include dates): Physical Restrictions*: Physician Telephone: () Medical Insurance: Parent AUTHORIZATION FOR RELEASE OF INFORMATION This 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 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 Legal Guardian Must Sign Here:	Allergies to Drugs:	Allergies to Foods:
Chronic or Recurring Illnesses:	Last Tetanus Immunization (date):	
Chronic or Recurring Illnesses:	Current Medications:	
Physician Telephone: ()		
Physician Telephone: ()	Operations/Injuries (include dates):	
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PARENT AUTHORIZATION FOR RELEASE OF INFORMATION This 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 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 Legal Guardian Must Sign Here:	Physician Telephone: ()	Dentist Telephone: ()
This 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 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 Legal Guardian Must Sign Here:	Medical Insurance:	
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I have read and I understand the camp program and application process as described in this brookure	Parent or Legal Guardian Must Sign Here:	
	I have read and I understand the same progress and application are seen	on an department in this breaking

Parent or Legal Guardian Must Sign Here: