



**NOTRE DAME BASEBALL
2009 FALL BASEBALL CAMP APPLICATION**

Name: _____ Date of High School Graduation: _____
 Address: _____ Phone Number: (_____) _____
 City: _____ State: _____ Zip: _____ T-shirt Size: _____
 High School: _____ H.S. City/State: _____
 Best College Position: _____ Height: ____ Weight: ____ E-Mail: _____

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

Grade Point Average: _____ Class Rank: _____ SAT: _____ ACT: _____

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 covering participants in the Notre Dame Fall All-Star Baseball Camp as explained in the brochure, 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 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 case of such treatment.

Parent/Legal Guardian's Name (printed): _____ Signature: _____
 Day Telephone: (_____) _____ Night Telephone: (_____) _____
 Emergency Contact: _____ Emergency Telephone: (_____) _____

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: _____

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: _____

I have read and I understand the camp program and application process as described in this brochure.

Parent or Legal Guardian Must Sign Here: _____