Notre Dame Women’s Basketball: Camp for Champs

Camp for Champs is a basketball camp for special needs students from 5th grade and up to have fun playing the game of basketball. All players will take part in fun, unique activities that give them the opportunity to grow and learn new things. The camp will be directed by John Lammers (Notre Dame Women’s Basketball Practice Player).

Date/Time/Place: July 11 4pm-5pm at the Purcell Pavilion Fieldhouse. Registration begins at 3:30

Please fill out and mail to Garret Garcia at 113 Joyce Center Notre Dame, IN 46556 by June 26, 2015.

A responsible adult must be present for medical/personal needs in order for the player to participate.

People of all abilities are welcome! We have something planned for everyone! You win the first moment you try!

* If you have any questions call John Lammers at 419-969-4945

Name_______________________ Address_________________________

Phone Number________________ Email_________________________

Responsible Adult Attending____________________________
WAIVER AND CONSENT

In consideration of the University of Notre Dame’s (“Notre Dame”) acceptance of my child into its Summer Sports Camp (“Camp”) and its provision of the Camp and related services and activities to my child, I agree as follows:

WAIVER OF LIABILITY: I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, release, acquit and forever discharge Notre Dame and its employees, agents, officers, trustees, contractors and representatives (in their official and individual capacities) from any and all liability whatsoever, including liability for the University’s own negligence, for any and all damages, losses or injuries (including death, mental anguish or emotional distress) to persons and/or property, including but not limited to any claims, demands, actions, causes of action, damages, judgments, costs, expenses (including hospital and medical expenses or deductibles) and/or attorney’s fees, that occur during, result from, arise out of or relate in any manner to my child’s participation in, attendance at, or involvement with the Camp, including without limitation any loss, claim, demand, or suit that my child might assert once he/she attains the age of majority. I understand and acknowledge that, as part of my child’s participation in, attendance at, and involvement with the Camp, Notre Dame may transport my child to and from off-site athletic facilities, which transportation shall be covered by this Waiver of Liability provision. In the event of an accident, injury (including death), illness or other damage sustained by my child during his/her participation in, attendance at, or involvement with the Camp (which for all purposes herein includes transportation to and from athletic facilities), I understand and acknowledge that my only remedy and my child’s only remedy will be the coverage, if any, provided by the medical insurance policy covering participants in the Camp as explained in the attached summary and fully set forth in the insurance policy.

PUBLICITY CONSENT: I grant Notre Dame and its employees, agents, officers, trustees, contractors, representatives, successors, licensees and assigns permission: (1) to photograph, video, or otherwise capture permanently in any form or medium my child’s image, likeness, words, verbal expressions, or other depiction (hereinafter the “Images”) in connection with my child’s participation in, attendance at, and involvement with the Camp; (2) to edit, crop, or retouch such Images; and (3) to use the Images worldwide for any purpose, including educational, broadcasting, and advertisement purposes, and in any medium, including print and electronic. I understand that Images may be used with or without associating names thereto. I waive any claim for compensation of any kind for the use or publication of Images. I also waive any right to inspect or approve Images prior to their use. I agree that the permissions, understandings, and waivers set forth in this paragraph are irrevocable, and that all are provided by me individually and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives.

MEDICATION AND WAIVER OF LIABILITY: I also understand and acknowledge that Notre Dame does not have the medical staff or resources available during the Camp to store or administer prescription or non-prescription medications for my child. I have decided that my child is capable of taking his or her own medication(s) throughout his or her stay at Notre Dame, or that one of my child’s parents or his or her legal guardian will be personally present and available to administer the medication to my child throughout the Camp. If my child possesses any medications (prescription or non-prescription), I understand that it will be my child’s sole responsibility to safeguard and self-administer the medication at all times. Notre Dame will not be responsible for lost or stolen medication(s). I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, release, acquit and forever discharge Notre Dame and its employees, agents, officers, trustees, contractors and representatives (in their official and individual capacities) from any and all liability whatsoever, including liability for the University’s own negligence, for any and all damages, losses or injuries (including death, mental anguish or emotional distress) to persons and/or property, including but not limited to any claims, demands, actions, causes of action, damages, judgments, costs, expenses (including hospital and medical expenses or deductibles) and/or attorney’s fees, that arise out of or relate in any manner to the use, misuse, theft, loss or failure to adequately safeguard my child’s medication at any time, including without limitation any loss, claim, demand, or suit that my child might assert once he/she attains the age of majority.
CONSENT TO TREATMENT: I hereby grant permission to the staff and physicians at Notre Dame, and any other medical provider deemed advisable by Notre Dame, to render the registered camper any medical or surgical treatment that they deem necessary in an emergency. I understand that Notre Dame will make all reasonable efforts to inform me in the event of such treatment.

PARENT AUTHORIZATION/RELEASE OF INFORMATION

By signing this document:

- I attest that I am the parent or legal guardian of the registered camper, who is a minor child (younger than age 18).
- I attest that my child has my permission to participate in Camp activities.
- I authorize University of Notre Dame medical providers to release medical information regarding my child to interested parties, including parents and family physician.
- I attest that I have read the WAIVER OF LIABILITY, PUBLICITY CONSENT, MEDICATION AND WAIVER OF LIABILITY and CONSENT TO TREATMENT provisions above, that I fully understand their terms, and that I am aware that these provisions affect my legal rights and those of my minor child.
- I agree to the WAIVER OF LIABILITY, PUBLICITY CONSENT, MEDICATION AND WAIVER OF LIABILITY and CONSENT TO TREATMENT provisions above freely and voluntarily, without any inducement.

CAMP MEDICAL INSURANCE POLICY SUMMARY

Accidental death and dismemberment coverage is provided according to a schedule 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 a primary basis; claims over $250 (to a maximum of $50,000) are paid on an excess basis, meaning that a family or employer group coverage must pay its maximum first. This refers to medical expenses incurred because of injury sustained during scheduled and supervised camp/clinic activities. Hernias are not covered. The contracting of illness or disease by campers 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/her parents. Any additional coverage desired will also be the responsibility of camper’s parents/guardian.

______________________________
Parent/Guardian PRINT

______________________________
Parent/Guardian Signature

______________________________
Date