

CAMP DIRECTOR



John Millar
Associate Head Coach

Millar is in his 20th year as Notre Dame's sprints and hurdles coach. Prior to his arrival, he spent 6 years as an assistant coach at the University of Texas and one year at the University of Tennessee. Millar also served as USA Track and Field's national women's hurdle coordinator. Internationally, he has served as an assistant coach of the USA Junior National Team at the 1993 Pan Am Junior Championships and as head coach of the 1999 United States Women's Team at the World Indoor Championships. He has also traveled as a member of the Canadian National Team, most recently to the 2000 Olympics.

CAMP STAFF



Tim Connelly
Assistant Coach

Connelly has coached the women's cross country program since its inception in 1988, leading the Irish from obscurity to qualifying for the NCAA Cross Country Championships on several occasions, most recently placing 3rd in 2002 and 4th in 2004. During the track season, Connelly is responsible for coaching the women's middle and long distance runners. A 1983 Notre Dame graduate, Connelly served as a graduate assistant until 1986, when he moved on to Syracuse University as an assistant cross country and track coach, returning to Notre Dame two years later.



Amy Henry
Assistant Coach

Henry is in her second year working with the Irish sprinters and hurdlers. A 2002 graduate of Hampton University, Henry was a MEAC All-Conference hurdler during her career. Henry came to Notre Dame after spending the past two years as an assistant at the University of Texas, El Paso.



Adam Beltran
Assistant Coach

In his third year as Notre Dame's throws coach, Beltran has had an immediate impact on the group. A 1999 graduate of the University of Missouri-Kansas City, he has served as the throws coach at both UMCK and St. Francis (PA) University.



Jim Garnham
Assistant Coach

Garnham is in his second year on the Irish staff as the jumps/multi coach. A 1998 graduate of Kent State, Garnham comes to Notre Dame after a three-year stint as the field events coach at the University of Tulsa. He began his coaching career at the University of Buffalo.

HIGHLIGHTS

Campers will be exposed to the latest techniques in the following event areas: Sprints, Hurdles, Jumps, Throws and Distance Running. All athletes will receive a unique combination of both individual, field and classroom instruction. Our staff is dedicated to teaching the proper techniques and providing the most up to date information, as well as developing the physical and mental skills necessary to improve the participant's level of performance.

The goal of the Cross Country camp is to expose our campers to the education, physical training, and most importantly, motivation that will jump start their season and help them to achieve their goals. The educational components will include injury prevention, strength training, nutrition, cross training, racing and training ideas. The physical training will be designed to enhance the runners' endurance base as they continue their pre-season training. We hope that these, combined with lots of motivation and fun, will lead our campers to success in the fall cross country season and spring track season.

This year's camp is scheduled to take place on Notre Dame's brand new track & field facility.

SAMPLE DAILY SCHEDULE

- 7:00 am Wakeup
- 7:30 am Breakfast
- 9:00 am Morning Training Session
- 12:00 pm Lunch
- 2:00 pm Lecture Session
- 4:00 pm Swimming/Group Activity
- 5:00 pm Dinner
- 6:30 pm Evening Training Session
- 8:00 pm Group Activity



Non-Profit
Organization
U.S. Postage
PAID
Notre Dame, IN
Permit #10



UNIVERSITY OF NOTRE DAME
P.O. BOX 767
NOTRE DAME, INDIANA 46556-5678

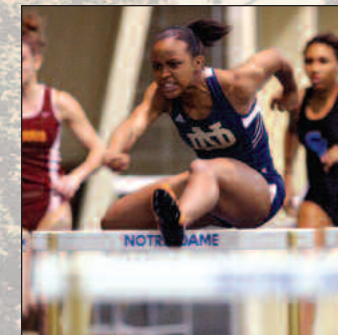
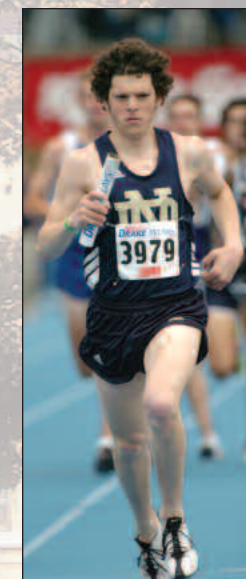


2010 NOTRE DAME® TRACK & FIELD / CROSS COUNTRY CAMP

University of Notre Dame
Notre Dame, Indiana

July 10-14

Boys & Girls
Ages 12 – 18



NOTRE DAME® TRACK & FIELD / CROSS COUNTRY

Application, Consent to Treatment, and Health Form must be completed and sent along with FULL payment to the Camp Office for enrollment. No deposits accepted.

CAMPER'S NAME: Last			First	MI
ADDRESS: Street		City		
		()		
State	Zip	Telephone		
Grade in Fall	Age (during camp)	Gender		

Please indicate the events you wish to participate in:

<input type="checkbox"/> Sprints/Hurdles	<input type="checkbox"/> Middle Distance
<input type="checkbox"/> Long/Triple Jump	<input type="checkbox"/> High Jump
<input type="checkbox"/> Pole Vault	<input type="checkbox"/> Shot, Discus, Javelin, Hammer
<input type="checkbox"/> Cross Country	

SCHEDULE AND FEES

- BOARDING CAMP – JULY 10–14 (\$585)
- NON-BOARDING CAMP – JULY 10–14 (\$395)

PAYMENT BY: Check MasterCard Visa

Please make checks payable to the Notre Dame Track & Field/Cross Country Camp. Please send check and application to the address on next panel. Checking account debit cards will not be accepted. **In accordance with NCAA regulations, a high school student's expenses must be paid by the student's parent or legal guardian. No third party payment will be accepted.**

CARD #	EXP. DATE
CARDHOLDER NAME (print)	SIGNATURE
()	()
PHONE: Home	Work

ADDRESS: (If different from above)



2010 APPLICATION

ND SUMMER TRACK & FIELD/CROSS COUNTRY CAMP

University of Notre Dame
P.O. Box 767 • Notre Dame, IN 46556-5678
(574) 631-8788 University Camps

JULY 10–14

WAIVER AND CONSENT

WAIVER OF LIABILITY: In consideration of my child's acceptance and participation in the University of Notre Dame ("Notre Dame") (Camp/Clinic), I individually and on behalf of my minor child, do hereby release and forever discharge Notre Dame and its officers, trustees, employees, contractors and representatives from all liability of any kind for any claim, demand, action, cause of action, damage, judgment, cost or expense that arises out of, occurs during or relates in any manner to my child's participation in, attendance at, activities at, or incidental to the aforementioned (Camp/Clinic). In the event of an accident, injury (including death), illness or other damage sustained by my child while traveling to or from, or during his or her attendance at, the Notre Dame (Camp/Clinic), I understand and hereby 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/Clinic) as explained in this brochure and set forth in the insurance policy. I also understand and acknowledge that Notre Dame may transport my child to off-site athletic facilities. I, individually and on behalf of my minor child, do hereby release and forever discharge Notre Dame and its officers, trustees, employees, contractors and representatives from all liability of any kind for any claim, demand, action, cause of action, damage, judgment, cost or expense that arises out of, occurs during or is related to, in any, the travel to off-site athletic facilities in connection with the (Camp/Clinic).

PUBLICITY CONSENT: I hereby give Notre Dame, its assigns, contractors, licensees, and legal representatives the irrevocable right to use my minor child's name, picture, voice and/or likeness in all forms and media and in all manners for advertising, for promotion, or for any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection with my child's participation or attendance at the (Camp/Clinic).

MEDICATION AND WAIVER OF LIABILITY: I also understand and acknowledge by my signature below that Notre Dame does not have the medical staff or resources available during the (Camp/Clinic) 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 child and our respective heirs, successors, personal representatives and assigns hereby release and forever discharge Notre Dame and its officers, trustees, employees, contractors and representatives from all liability of any kind for claim, demand, action, cause of action, damage, judgment, cost or expense that arises out of or relates in any manner to the use, misuse, theft, loss or failure to adequately safeguard my child's medication at any time.

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 above named camper any medical or surgical treatment that they deem necessary in an emergency. I understand that Notre Dame will make all possible effort to inform me in the event of such treatment.

PLEASE DO NOT USE STAPLES

FOR OFFICE USE ONLY:

CAMP CODE	_____
AMOUNT	_____
CK #	_____/B-_____

CAMPER'S HEALTH FORM

To be completed and signed by camper's parents or legal guardians

- | | |
|---|--|
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> HEAD INJURY/CONCUSSIONS |
| <input type="checkbox"/> BLEEDING DISORDERS | <input type="checkbox"/> HEART DISEASE |
| <input type="checkbox"/> CONVULSIONS/SEIZURES | <input type="checkbox"/> RHEUMATIC FEVER |
| <input type="checkbox"/> DIABETES | |

ALLERGIES TO DRUGS _____

ALLERGIES TO FOODS _____
(that require dining hall intervention)

LAST TETANUS IMMUNIZATION (date): _____

CURRENT MEDICATIONS: _____

CHRONIC OR RECURRING ILLNESSES: _____

OPERATIONS/INJURIES (including dates): _____

PHYSICAL RESTRICTIONS*: _____

PHYSICIAN TELEPHONE _____

DENTIST TELEPHONE _____

NAME OF INSURANCE _____

TELEPHONE NUMBER FOR CLAIMS _____

CONTRACT NUMBER _____

GROUP NUMBER _____

NAME OF EMPLOYER _____

EMPLOYER PHONE NUMBER _____

NAME OF POLICY HOLDER _____

PARENT AUTHORIZATION/RELEASE OF INFORMATION

The Camper's Health Form is correct to the best of my knowledge and my child has my permission to participate in camp activities with the exception of those noted above. I authorize University of Notre Dame medical providers to release medical information regarding my daughter to interested parties, including parents and family physician. I have read the WAIVER OF LIABILITY, PUBLICITY CONSENT, MEDICATION AND WAIVER OF LIABILITY and CONSENT TO TREATMENT provisions above, fully understand their terms, understand that I give up substantial rights by signing below, and sign below freely and voluntarily without any inducement.

Parent or Legal Guardian Names (Printed) _____

SIGNATURE _____ **Date** _____

PHONE: Day _____ **Night** _____

PHONE: Emergency _____

Please Read Carefully and Retain for Your Information

SITE:

The setting for the Notre Dame Summer Track & Field/Cross Country 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. All campers will reside in one of the residence halls normally occupied by undergraduate students of the University. Meals will be served in the North Dining Hall. Many of the nation's finest athletic facilities will be utilized during each camp session.

APPLICATION PROCEDURES:

All prospective campers must submit the completed application portion of this brochure. Applications will be processed on a first-come, first-served basis until all sessions are filled. Acceptance of a camper will be verified upon receipt of the camp confirmation packet. Please read the confirmation packet carefully as it details the camp schedule, items to bring, as well as roommate & transportation information. **If after** reviewing the confirmation packet, you have additional questions, please contact the camp office at ndcamps@end.edu or (574) 631-8788. Please note: There will be a \$25 walk-up fee for any application not received by the camp office prior to the start of registration.

If a camp has been filled prior to the receipt of a camper's application, the camp office will offer you the opportunity to have the application held on a waiting list if desired. If the application cannot be accepted for any reason, the application and camp fee will be returned by mail.

ROOMMATE REQUEST:

Please **do not** include your roommate request with your application, as it **will not** be considered. A roommate request form will be included in the confirmation packet, which can be filled out and returned to the summer camp office. Please keep in mind that we do our best to meet all roommate requests, however, due to accommodation limitations we cannot always meet every request, and we will be under no obligation to honor requests received less than seven days prior to the start of the camp. The majority of our dorm rooms are doubles, but campers could be placed in singles, triples, or quads, depending on the dorm in which the camp is residing. We **do not** accept requests for triples or quads.

ELIGIBILITY:

Open to any and all entrants who, in June of 2010, will be ages 12-18

INSURANCE:

Accidental death and dismemberment coverage is provided according to 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 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.

TRANSPORTATION:

For those needing to fly to South Bend, please call Anthony Travel, the Official Travel Partner of Notre Dame, at 1-800-366-3772. Identify yourself as attending the summer sports camps, and their on-campus sports travel professionals will research the most cost-effective flight options for you and provide invaluable consultative advice on traveling to campus.

REFUND PROCEDURES

If an accepted application is withdrawn for any reason up until **8** days prior to the start of the camp session, you will receive a refund less a \$75 cancellation fee. **No** refund will be issued within **1 week** of a camp session's start date.

DETACH HERE