Irish Experience Schedule

Sunday, July 8, 15, 22, 29

Sunday, July 8, 1	5, 22, 29		
4:30 PM	Transportation & pick-up will be		
	provided from select locations in		
	South Bend.		
5PM – 8PM	I.E.C. on campus includes a free		
	dinner. (We will meet at the start of		
	every session at the front of Purcell		
	Pavilion at the Joyce Center.)		
8:30 PM	Drop off at different locations in		
	South Bend.		

Dress & Conduct: Campers will be expected to dress ready for athletic activities, wearing sneakers and appropriate athletic attire. This is not a fashion show! There will be zero tolerance for inappropriate language or disrespectful behavior. This is a co-ed camp and there will be a strong emphasis placed on treating each other with respect.

<u>To Register:</u>

We have several options for registration:

- Return a completed form to the local community center where you received the form.
- Sign up online at youthsports.nd.edu
- Drop your registration off at the youth sports office at Gate 3 of the Joyce Center.







THE IRISH EXPERIENCE CAMP INCLUDES:

Dinner, games, activities, sports and classroom lessons on health, wellness & life. The camp will be designed around four different daily themes:

- Play Like A Champion Day
- Strong of Heart Day
- Pink Zone Day
- Touch Down Jesus Day

Excellence, Education, Tradition, Faith and Community

THIS IS THE IRISH EXPERIENCE

CONTACT: Youthsports.nd.edu ndcamps@nd.edu 574-631-8788



Excellence, Education, Tradition, Faith and Community

IRISH EXPERIENCE CAMP *FREE

The Irish Experience Camp is a multi-sport & life skill development program designed to embody the five pillars of success of the Notre Dame Athletic Department; Excellence, Education, Tradition, Faith and Community. These four camp sessions are designed to give children in the South Bend Community the ability to visit Notre Dame and have their talents, gifts and abilities nurtured and developed within the holistic philosophy carried out by the Notre Dame Athletics Department. The goal of this program is to give local youth a taste of the 360 degree human development that our athletes experience – THE IRISH EXPERIENCE!

*Free—Scholarships for all campers that would like one. \$25 for campers that can help us offset costs.

Application, Consent to Treatment and Health form must be completed prior to participation.

Camper Name:	Last	
Camper Name:	First	
Street Address		
City	State	Zip
Parent or Guard	dian Phone Numbe	er
Parent or Guard	dian Email address	s (If Applicable)
Grade in the Fa	ll of 2011	Date of Birth
Camper Sex: N	fale or Female (Ci	rcle one)
The Irish Exp	erience Camp is op 4,5,6,7,8,9 th gr	pen to any and all rising •aders.
	Camp Informa	ation:
SUN	DAYS: July 8,	15, 22, 29
•	eive one. The co	quests a scholar- ist is \$25 for
*Games, Instru	uction & Lessons	

*Free Dinner

UNIVERSITY OF NOTRE DAME ATHLETIC DEPARTMENT IRISH EXPERIENCE WAIVER, RELEASE AND INDEMNIFICATION AGREE-MENT

	I,					, am the
parent	or	guardian	of	а	minor	
-		_		,	who will	be partici-
pating in	the Un	iversity of Not	re Dam	e Athl	etic Depart	tment Irish
Experien	ce Prog	ram ("Program	i") spon	sored	by the Un	iversity of
Notre Da	me du I	ac Notre Dam	e, India	na (the	"Universit	ty") during
the perio	d July 1,	2012 through	July 1, 2	2013.	I am fully	aware that
		pation in this P				
	-	•	-		•	

In consideration of the University's agreement to permit my son or daughter to participate in the aforementioned Program, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

I, individually, and on behalf of my minor 1) child and our respective heirs, successors, assigns and personal representatives, hereby release, acquit and forever discharge the University and its employees, students, agents, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries, including death, mental anguish or emotional distress to my child and/or property, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses (including hospital and medical expenses) and attorneys fees, which arise out of, occur during, or result from my child's participation in the Program including travel to and from the Martin Luther King Recreation Center, Park or the University and including without limitation any loss, claim, demand or suit that my child might assert once he/she attains the age of majority.

- 2) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University, and its employees, students, agents, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss or damage they or any of them incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorneys fees, which result from arise out of relate to my child's participation in the aforementioned Program or arising out of his or her travel to or from the Martin Luther King Recreation Center, Park or the University.
- 3) I agree that this Waiver, Release and Indemnification Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect

4) In the event of any cause of action, the laws of the State of Indiana apply and the jurisdiction lies with the St. Joseph County Superior Court or the U. S. District Court of Northern District of Indiana.

I hereby acknowledge and accept that there 5) are certain risks, known and unknown, including bodily injury and death that could result from my child's participation in the aforementioned Program which will include, but will not be limited to, athletic games such as soccer, basketball and flag football. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of the University's permission to allow my minor child to participate in the aforementioned Program. I, individually and on behalf of my minor child hereby release and discharge the University from any and all negligence including the University's own negligence, in connection with my child's attendance at or participation in the Program, including travel to and from the Martin Luther King Recreation Center, Park or the University, except for any gross negligence or willful and wanton misconduct on the part of the University.

6) I hereby consent to any publicity, including the use of my child's name and likeness, and waive any right to inspect and/or approve any photography, film videotape, recordings or advertising copy which may be used in connection with my child's participation in the Program.

7) In signing this Waiver, Release and Indemnification Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provision, that I understand it affects my legal rights and those of my child (or children), that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Parent or Guardian Signature

Parent or Guardian Name (Printed)

Date

VISIT: youthsports.nd.edu

To sign up online and for more information on the Notre Dame Youth Sports Initiative.

Also check out:

www.facebook.com/ndyouthsports www.twitter.com/ndyouthsports www.youtube.com/ndyouthsports