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**Camper Information**

\*First Name

\*Last Name

Birthday Month

Birthday Day

Birthday Year

\*Camper Age in Fall

\*Gender  Male  
 Female

Email

\*Address

\*City

\*State

Country

\*Zip

\*Height (Feet)

\*inches

\*Weight

\*T-Shirt Size

\*Name of School

\*School City

\*School State

\*Grade In Fall 2013

HS Graduation Year

Coach's First Name

Coach's Last Name

Coach's Email

Coaches Phone

**Lacrosse Camp Information**

\*Name of Coach

\*Name of High School/Group   
(youth)

\*Years Lacrosse Experience

Please choose your PRIMARY position. If you play multiple positions, you will have the opportunity to work on those as well.

\*Position

**Roommate Request for Boy's Lacrosse Camp**

Roommate Request

*\* If non-boarding, does not apply \**



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## Camper's Health Form

Please check health conditions:

- Asthma
- Bleeding Disorders
- Convulsions/Seizures
- Diabetes
- Head Injury/Concussions
- Heart Disease
- Rheumatic Fever

Allergies to Drugs:

0/250

Allergies to Foods:  
*(that require dining hall intervention)*

0/250

Current Medications

0/250

Chronic or Recurring Illnesses:

0/250

Operations/Injuries  
*(including dates)*

0/250

Physical Restrictions:

0/250

\*Physician Telephone

\*Dentist Telephone

\*Name of Insurance

\*Telephone Number for Claims

\*Last Tetanus Immunization (Date)

\*Contract Number

\*Group Number

\*Name of Employer

\*Employer Phone Number

\*Name of Policy Holder

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### Parent/Guardian 1 Information

\*First Name

\*Last Name

\*Cell Phone

\*Parent Email

\*Relationship

Cell Phone to receive Text Messages --

Cell Provider

By giving us your cell provider, you are authorizing us to send a text message out to your mobile phone number listed above to provide urgent announcements about your camp(s). Standard text messaging rates apply.

### Emergency Contact Information

If the above contact cannot be reached, please provide additional Parent/guardian contact information in the fields below

\*Emergency Contact First Name

\*Emergency Contact Last Name

\*Emergency Contact Relationship

\*Emergency Phone Contact

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