



Notre Dame Women's Rowing Indoor Rowing Clinic

December 6, 2008 11:00 am – 4:00 pm EST

Clinic Overview

The Notre Dame Women's Rowing Winter Indoor Rowing Clinic is designed for high school athletes and coaches who are interested in increasing the athletes' potential on the water by taking their understanding of and ability during indoor training to a higher level. The Winter Indoor Rowing Clinic will provide an excellent opportunity for high school rowers, coxswains and coaches to be instructed by the University of Notre Dame Women's Rowing staff.

Who Can Attend

The clinic is open to individuals who are high school students in grades 9-12 as well as high school / club coaches.

Proposed Topics & Activities

- The erg in relation to the boat
- How the erg translates to the water
- How to train using the erg (technique, strength & endurance work)
- Understanding testing on an erg
- Erg work on slides
- Erg racing
- Bodyweight/core fitness/warm-up/stretching
- Working with live video

Site and Facility

The setting for the Notre Dame Indoor Rowing Clinic 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. The clinic will take place using more than 40 ergometers held within the Loftus Center, in the Guglielmino Athletic Complex. Work will also be done on the Mayo Field, also in the Loftus Center.

Application Procedure

All prospective attendees must submit a completed application form. Acceptance will be verified upon receipt of the application packet and full payment. The cost will be \$100 per person. *Application, Consent to Treatment, and Health Form must be completed and sent, along with FULL payment to:*

University of Notre Dame
Rowing Office
203 Joyce Center
Notre Dame, IN 46556

Please make checks payable to **Notre Dame Rowing**. Credit card payments will not be accepted.

General Information

All Attendees should plan on interactive sessions on the ergometers and a turf field and should dress accordingly for that as well as some briefings.



Notre Dame Women's Rowing 2008 Winter Indoor Rowing Clinic Application

Name: _____ Date of High School Graduation: _____
 Address: _____ Phone Number: (____) _____
 City: _____ State: _____ Zip: _____
 High School/ Club Program: _____ Seasons Rowing/Coxing/Coaching (circle) _____
 Program's City/State: _____ Height: _____ Weight: _____ Email: _____
 Grade Point Average: _____ Class Rank: _____ SAT: _____ ACT: _____

Consent to Treatment Limitation and Waiver of Liability

In partial consideration of our child's acceptance to the Notre Dame Women's Rowing Winter Indoor Rowing Clinic, I/we as parents and/or legal guardians of _____ do hereby agree to limit the liability of the Notre Dame Women's Rowing Winter Indoor Rowing Clinic, 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 Women's Rowing Winter Indoor Rowing Clinic as explained in the brochure, which we have read and understand. I/we further agree to waive all liability of the Notre Dame Women's Rowing Winter Indoor Rowing Clinic, 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 their attendance at the Notre Dame Women's Rowing Winter Indoor Rowing Clinic, 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 (includes 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: _____