



This registration packet is to be completed after the future participant has submitted an application and deposit.

To apply to Notre Dame Vision, please go to mcgrath.nd.edu/visionapply

+2019+

Dear Notre Dame Vision Participant,

We are excited to welcome you to the University of Notre Dame this summer. In anticipation of your arrival, we ask that you please complete the following forms and return them to us *as soon as possible* and no later than May 22, 2019. Your registration is not complete until all forms are returned.

Any outstanding balance should also be settled by this date – balances may be paid by check made out to “Notre Dame Vision” (be sure to include your name on the memo line) or by credit card through our online store (accessible via vision.nd.edu).

If you are part of a group, all forms and balance payments should be given to your “Group Organizer.”

This registration packet includes the following forms, all of which are required unless otherwise noted:

- o Waiver, Release, and Indemnification Agreement (2 pages)
- o Health Information and Consent for Emergency Medical Treatment Form (2 pages)
- o Code of Conduct for Summer High School Residents (2 pages)
- o Notre Dame Vision T-Shirt & Poster Pre-Order Form (*optional*)
- o Notre Dame Vision Packing List (for reference)
- o Campus Arrival Map (for reference)

Please return these forms together in one packet *as soon as possible* and no later than May 22, 2019 to the following address (or given to your group organizer):

Notre Dame Vision
334 Geddes Hall
Notre Dame, IN 46556

If you have any questions or concerns, please feel free to contact us at (574) 631- 7425 or ndvi@nd.edu.

We look forward to seeing you soon!

Peace and Blessings,
Notre Dame Vision Staff

UNIVERSITY OF NOTRE DAME

NOTRE DAME VISION SUMMER PROGRAM

STATEMENT OF RESPONSIBILITY, WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT FOR MINORS

I, _____, being of legal age, have requested that the University permit my minor
(Parent/Guardian's Name)
child to participate in the Notre Dame Vision Summer Program (the "Program") sponsored by the University of Notre
Dame du Lac, Notre Dame, Indiana ("the University") during the period _____ through
(start date)
_____. I understand and acknowledge that my child's participation in the Program is wholly
(end date)
voluntary. In consideration of the University's agreement to permit my child to participate in the Program, the receipt and
sufficiency of which consideration is acknowledged, I agree as follows:

1) I acknowledge and accept that there are certain risks, both known and unknown, including serious bodily injury and death that could arise from my child's participation in the Program, including my child's travel in connection with the Program. I knowingly and voluntarily agree to assume the risks of these inherent dangers in consideration of the University's permission to allow my minor child to participate in the Program.

2) **I agree that my child will attend the Program in its entirety, from the opening session on Monday evening through the closing liturgy, which concludes on Friday at 12:30 pm.** I agree to inform the Director of the Program at least twenty-eight (28) days before the start of my child's Program session if travel, or other, limitations will result in my child arriving late to the Program (after 5pm) on Monday. The University reserves the right in its sole discretion to dismiss my child from the Program, including prior to the commencement of the Program, if my child will not participate in the Program in its entirety. In the event my child does not participate in the Program in its entirety, or my child is not admitted to the Program due to my unwillingness to have my child participate fully, the Program will not make any refunds (pro-rated or otherwise) for any portion of the Program that my child is unable to complete.

3) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, release, acquit and forever discharge the University, and its employees, students, agents, officers, trustees 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 to persons and/or property, including death, mental anguish or emotional distress, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses (including hospital and medical expenses and deductibles) and/or attorneys' fees, which arises out of or results from my minor child's participation in the Program, or arising out of travel to or from the Program and including without limitation any loss, claim, demand or suit that my minor child might assert once he/she attains the age of majority.

4) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, agree to indemnify, defend and hold harmless the University, and its employees, students, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss or damage they or any of them may 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 or relate to my minor child's participation in the Program or travel to or from Program.

5) I agree that this Waiver, Release and Indemnification Agreement is governed by the laws of the State of Indiana and is intended to be as broad and inclusive as permitted by Indiana law. If any portion of this Agreement is held invalid, it is agreed that the balance of this Agreement shall, notwithstanding, continue in full legal force and effect. In the event of any cause of action, I agree that exclusive jurisdiction concerning this Agreement lies with the St. Joseph County Superior Court or the U.S. District Court for the Northern District of Indiana.

6) The University reserves the right in its sole discretion to dismiss my child from the Program at any time should my child's actions or general behavior disrupt, interfere with, or otherwise impede the operation of the Program or the rights or welfare of any person. Similarly, if my minor child's conduct violates any policy or procedure of the University, I agree and understand that my child may be required to leave the Program as determined by the University in its sole discretion. If payment was remitted for the Program prior to any such dismissal, I will not receive any refund (pro-rated or otherwise) for any portion of the Program that my minor child is unable to complete. I understand that the University reserves the right in its sole discretion to cancel the Program or any component thereof prior to departure.

7) I acknowledge and represent that I have read the Notre Dame Vision Code of Conduct for Summer High School Residents and I agree to comply with the terms and provisions outlined.

8) I hereby consent to any publicity, including the University's use of my minor child's name and likeness, Worldwide for any purpose, including educational and advertisement purposes, and in any format, including on website display and on CDs/DVDs. I waive any right to inspect and/or approve the final production of such photographs and/or videos which may be used in connection with my child's participation in the Program. I release and discharge the University of all responsibility and liability for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of photographs and/or videos of my minor child by the University. I further waive any claim for compensation of any kind for the University's use or distribution of photography and/or video footage of my child. I understand that this grant of permission and consent is irrevocable.

9) In signing this Waiver, Release and Indemnification Agreement, I acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights and the legal right of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Parent/Guardian's Signature	Printed Name	Date
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Child's Name: _____

UNIVERSITY OF NOTRE DAME

HEALTH INFORMATION AND CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM
Minors

Program Attending: Notre Dame Vision Dates of Program: _____

Name of Student or Minor Child: _____ Birth Date: _____

Permission for Treatment: The health history provided on this form is correct to the best of my knowledge. By my signature below, I hereby grant permission and authorize the provision of emergency medical treatment for minors/students who become ill or injured while participating in a University of Notre Dame du Lac sponsored Program and when parents or guardians cannot be reached.

Release of Information: By my signature below, I authorize the University of Notre Dame to release medical information regarding the above named minor/student to any person or entity to whom the University of Notre Dame refers the minor/student for medical treatment.

TO GRANT CONSENT

I, _____ of _____
(Name of Parent/Legal Guardian) (City)
_____, do hereby state that I am
(County) (State)
the parent or legal guardian of: _____, a minor.
(Name of Child)

Should an emergency arise while my child is under the supervision of the staff of The University of Notre Dame du Lac, I do hereby authorize the staff to obtain medical attention for my child. I do hereby give consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, blood transfusion and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine during the program period. All such treatment shall be at my expense, and I agree to reimburse the University or its representatives for any expenses that they or any of them might incur on account of my child's condition or treatment. This consent shall not give rise to, and is not intended to give rise to a legal duty owed by the University to my child. I do hereby release and forever discharge the University of Notre Dame du Lac and its employees, agents, officers, trustees, affiliates and representatives from any and all liability of any kind, including for the University's own negligence, for any claim, demand, action, cause of action, expense (including hospital and medical expenses), judgment or cost, including without limitation attorneys' fees, co-pays or deductibles, which arise out of or relate in any manner to the University's exercise of authority or judgment pursuant hereto, or to the securing, oversight, administration or supervision of medical or other care or treatment on behalf of my minor child at any time or any travel incident thereto.

◆Family Doctor: _____ Phone: _____

◆Family Dentist: _____ Phone: _____

◆Medical Insurance: _____, _____, _____
(ID Number) (Group Number) (Member's Name)

Please list any additional issues, including any medical conditions or dietary restrictions, that you think we should be aware of, that may require an accommodation, or that could impact the safety or well-being of your child during the Program. Notifying us of any such conditions is entirely voluntary, and any information you share shall be treated as confidential and may only be disclosed to University officials or health care providers who have a legitimate need to know of such information.

◆Medical History: Allergies, if any, including medication and foods: _____

◆Chronic or existing diseases or medical problems (e.g. diabetes, epilepsy): _____

◆Any physical restrictions: _____

◆Medicines your child is now taking and dosage: _____

Storing/Administering Non/Prescription Medications at Summer Programs:

I understand and acknowledge by my signature below that the University of Notre Dame is not responsible for the storage or administration of any prescription or non-prescription medication for my child. My son or daughter 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 program. I know that Notre Dame staff will not store or administer medications, prescription or non-prescription, for my child during the program. If I decide that my child can take his or her own medication during the program, I will exercise best efforts to remind my child to take his or her medication.

◆Date child received last Tetanus injection or booster (if known): _____

I can be reached at the following phone numbers(s) in an emergency:

_____, (____) _____
(Name and Location) (Phone)

_____, (____) _____
(Name and Location) (Phone)

(Signature of Parent/Legal Guardian) Dated _____

Notre Dame Vision

CODE OF CONDUCT For Summer High School Residents

The policy information listed below is relevant to your residency in a Notre Dame residence hall during the Vision Program. For more information or clarification on these and other responsibilities, please contact the Vision office at 574-631-7425.

Community We encourage residents to build community by interacting with others in a positive and supportive attitude. With any living arrangement, problems can develop. It is imperative to show mutual respect and consideration for one another. Before you act, think about the consequences. More often than not, your actions can be redirected in a more constructive manner. Your residence hall is made up of people with a variety of backgrounds and lifestyles. Your Mentors will help you build community with the other Vision participants.

Visitation High school students enrolled in summer programs may not enter any residence halls except the one to which they are assigned nor may they have visitors. Undergraduate students (other than those working in the Vision program) are prohibited from visiting the residence halls of high school program participants. Adult participants in the Vision CYM program are not permitted to enter the high school dorms and high school participants may not enter the CYM dorms at any time.

Alcohol, Drugs & Gatherings High school program participants may not possess or consume alcohol on the campus. The use of illegal drugs or abuse of prescribed medications is also prohibited. Moreover, social gatherings of any type where alcohol is present are off limits to high school program participants. Violations will result in removal from the residence hall and the Vision program, without a refund. No alcohol is allowed in the Vision dorms at any time throughout the summer.

Smoking Smoking is prohibited on campus and in all areas of the residence halls. In addition, the burning of incense and candles is prohibited.

Room Entry The University reserves the right to enter rooms without a search warrant for the purpose of maintenance, security, discipline and the orderly operation of an educational institution.

Quiet Hours Each high school program participant has a right to an atmosphere helpful for sleep beginning at 10:00 p.m. every evening. Quiet hours are violated with such activities as shouting, yelling or talking on cell phones in the hallways, a gathering of residents in a room that can be heard in the hallway, loud TV or music, and any other activity that disturbs others. Residents should be courteous of each other's needs and must immediately cease any noise or activity that is disturbing someone else, regardless of the time.

Curfew All high school students enrolled in the Vision program must be in their assigned residence halls by 10:30 p.m. All high school students must be in their assigned rooms with lights out by 11:30 p.m. each night.

Personal Conduct Notre Dame is a Catholic university and expects high school program participants to exemplify the standards of Christian morality in their lives. Any activity, which offends these standards, will lead to removal from the residence hall and the Vision program, without a refund.

Maintenance All maintenance issues should be reported to the residence hall staff or the Front Desk.

Theft/Vandalism Any theft or unauthorized possession of University or personal property is prohibited. High school program participants vandalizing University or another's property will be removed from the residence hall and the Vision program, without a refund.

Corridors Athletic activity of any kind (basketball, golf, soccer, volleyball, wrestling, Frisbee throwing, rollerblading, lacrosse, etc.) is absolutely prohibited in the corridors/hallways.

Fireworks/Weapons The possession or use of any form of fireworks or weapons is prohibited. A high school program participant using or possessing any form of fireworks or weapons will be removed from the residence hall and the Vision program, without a refund.

Fire Alarm System Fire alarm systems and other fire equipment such as smoke detectors, portable fire extinguishers and sprinkler systems are installed in buildings for safety and protection of all residents. Malicious tampering with or misuse of these devices and system components will result in removal of all persons involved from the residence hall and the Vision program, without a refund.

Keys Keys are each resident's responsibility. Keys must remain on the resident's lanyard at all times. Lost keys compromise the safety of all residents and should be reported immediately to the hall staff. The fine for a lost key is \$100.

Furniture All University room furniture must remain in individual rooms and not be removed from its location, including beds. Lounge furniture should not be moved into rooms or to other locations.

Damage Any damage to a residence hall room or its furnishings will be charged to the occupants of the room. All residence hall rooms, hallways, and common areas are inventoried prior to move-in and are inventoried again following move-out. Damages, shortages, and rule violations are noted, and programs are billed accordingly.

Electrical Appliances To meet fire, health and safety requirements, the University must discourage the use of electrical appliances in individual rooms. The use of the following electrical appliances is prohibited in all residence halls: air conditioners, broilers, rotisseries, ceiling fans, skillets, rice cookers, dimmer switches, hot plates, microwaves, toaster ovens, hot pots, toasters, and other such high wattage and heating appliances.

Vision Mentors & Hall Staff Vision Mentors will serve as "resident assistants" in the dorms and will be the primary contact and first responders to the high school students during their stay. Additionally, Residence Hall Staff are available in the dorms and may be contacted with an issue related to the dorm itself, or in case of emergency. Parents are asked to not contact residents via the staff members unless it is an emergency.

I have read and agree to the rules and regulations hereby outlined. I understand that violation of these rules may result in my immediate dismissal from the program without reimbursement.

Signature of Participant

Signature of Parent/Guardian



Pre-Order a T-Shirt or Poster from Notre Dame Vision 2019

FIRST AND LAST NAME:	Session: <input type="checkbox"/> June 17-21 <input type="checkbox"/> June 24-28 <input type="checkbox"/> July 8-12 <input type="checkbox"/> July 15-19
<input type="checkbox"/> Vision <input type="checkbox"/> CYM	

Avoid shipping charges on your t-shirt or poster by mailing in your order form now. Your souvenir t-shirt and/or poster will be waiting for you at registration this summer at Notre Dame Vision.

Please note: Upon check-in all Notre Dame Vision participants receive a white short-sleeve t-shirt all Vision CYM (adult) participants receive a short-sleeve black t-shirt.

Item	Description	Size (circle)	Cost	Quantity	Total
Short Sleeve T-Shirt (Notre Dame Vision)	Black w/ White Print	S M L XL XXL XXXL	\$18 each \$20 each		\$
	Light Blue w/ Navy Print	S M L XL XXL XXXL	\$18 each \$20 each		\$
	Navy w/ Light Blue Print	S M L XL XXL XXXL	\$18 each \$20 each		\$
	Grey w/ Dark Green Print	S M L XL XXL XXXL	\$18 each \$20 each		\$
	Irish Green w/ White Print	S M L XL XXL XXXL	\$18 each \$20 each		\$
Long Sleeve T-Shirt (Notre Dame Vision)	Black w/ White Print	S M L XL XXL XXXL	\$23 each \$25 each		\$
	Light Blue w/ Navy Print	S M L XL XXL XXXL	\$23 each \$25 each		\$
	Navy w/ Light Blue Print	S M L XL XXL XXXL	\$23 each \$25 each		\$
	Grey w/ Dark Green Print	S M L XL XXL XXXL	\$23 each \$25 each		\$
	Irish Green w/ White Print	S M L XL XXL XXXL	\$23 each \$25 each		\$
Poster (Notre Dame Vision)	Black & White	18in x 24in	\$12 each		\$

Grand Total	\$
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Please send this order form along with payment by check, made out to Notre Dame Vision, or cash to:

Notre Dame Vision Store
334 Geddes Hall
Notre Dame, IN 46556

Your order will be ready for pick up upon check-in at Notre Dame Vision this summer!

For Office Use Only:

Pmt:

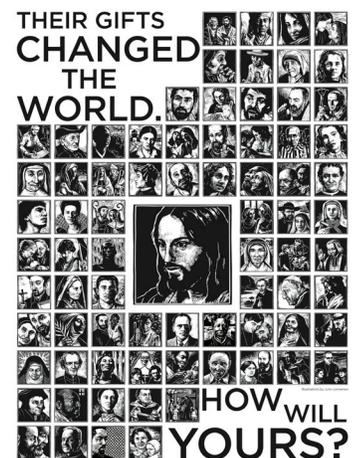
Ck #:

Entered:

Back:



Front:



NOTRE DAME[®] VISION

Notre Dame Vision Packing List

Required:

*You will be staying in a college dorm room that will only have a bed, dresser, desk, chair, and closet/storage area. **There is no air-conditioning in the Vision dorms.***

- Bed Linens (extra-long twin sheets)
- Blanket
- Towel
- Toiletries
- Pillow
- Alarm Clock
- Sweatshirt/Sweater
- Comfortable Casual Clothes
- Water Bottle
- Athletic Attire
- Spending Money (bookstore purchases and Notre Dame Vision merchandise)

Recommended:

- Fan (there is no A/C in the dorms)
- Shower Shoes/Sandals
- Small Backpack to carry personal items
- Outdoor Sports Equipment
- Playing Cards, etc.
- Raincoat/Poncho/Umbrella
- Watch
- Bible
- Journal
- Sunscreen
- Bug Spray
- Allergy Medication (if applicable)
- Snack Food

