2019 WINTER CLINIC

WHEN
Saturday, January 26

WHO
Open to 2019-2024 graduates

CLINIC DETAILS
Join us Saturday, January 26 to improve your softball game with the Hamilton College coaching staff and current team members. The all-skills session will cover both offense and defense followed by a separate pitching session.

All-skills Session ($120)
9 a.m.—1:00 p.m.
Pitching Session ($60)
1:30 p.m.—3:30 p.m.

IMPORTANT INFO
Pitchers must provide their own catcher! An adult, teammate or sibling may catch for a pitcher, but will need to fill out a waiver.

Please arrive 30 minutes prior to your session to sign in. We will be on new turf, so cleats are encouraged!

WHERE
Loop Road, Hamilton College Indoor Practice Facility

TEAM DISCOUNTS AVAILABLE!
Six or more players from the same team will qualify for reduced admission at $100 per player for the All-skills session, and $50 for pitching. Please contact Coach Hartquist at softball@hamilton.edu if you wish to register as a team!

Be sure to sign up early. Space is Limited!

REGISTER ONLINE!
Coaches and parents are encouraged to spectate and take notes to learn from the lectures and drills demonstrated.
**Softball players will not be permitted to participate without the completion of this form.**

**WAIVER/RELEASE OF LIABILITY**

Participant’s Name: __________________________________________________________________________

Age ____________

Complete Address: ______________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

Home Phone: ___________________ Cell Phone: _____________________ Emergency Phone: ______________

As parent/guardian of the child named above, I understand the risks involved with my daughter participating in the Hamilton Softball Winter Clinic, sponsored by Hamilton College. I verify that my daughter has had a physical recently and may participate in all the activities of the Hamilton Softball Winter Clinic. I verify that she has no physical impairments/disabilities that make her prone to injury. I understand and acknowledge that in the case of illness, accident or injury, my child will be evaluated by and receive medical treatment from emergency response personnel. I further agree that Hamilton College, its agents, students and employees, and the Hamilton College softball team, shall be held harmless for injury, death or damage to property that occurs while my child is participating in the softball clinic, except that which can be shown as negligence on the part of the College or its representatives.

I acknowledge and understand that I am responsible for any and all bills for first aid, medical and emergency services for my child that result from any injury sustained while participating in the Hamilton College Softball Winter Clinic. I also, agree to allow my child to be photographed and/or videotaped for possible use in future print and online materials.

Parent/Guardian Signature: _______________________________________________________ Date:___________

Please Print Above Name: ____________________________________________________________

Emergency Phone Number where you can be reached during the clinic: ________________

A member of the Hamilton College Athletic Training Staff will be on site during the clinic.