Women’s Elite Basketball Clinic

Grades 9-12 • Fee: $100/child

Camp is from 9 a.m.-4 p.m.
Lunch will be included

Sunday, October 27, 2019

Registration 8:00-9:00 a.m.
Skill Development 9:00 a.m.-11:00 a.m.
Campus Tour 11:00 a.m.-12:00 p.m.
Lunch 12:00-1:00 p.m.
Free Shot 1:00-1:30 p.m.
Games 1:30-4 p.m.

Registration Form:

☐ Women’s Elite Basketball Clinic

Name:________________________________________________________

2nd Child, if applicable: ______________________________________

Address:_____________________________________________________

___________________________________________________________

Phone:_______________________________________________________

E-mail:_______________________________________________________

1.) Age: _____  Height: _______  HS Year:_______
2.) Age: _____  Height: _______  HS Year:_______

High School:_________________________________________________

Shirt Size: ☐ XS ☐ S ☐ M ☐ L ☐ XL

Payment: ____$100 Elite
(If paying by check, please make it out to: Trustees of Hamilton College.)

Mail to: Mahogany Green, Head Coach, Women’s Basketball
Hamilton College, 198 College Hill Road,
Bundy Scott Field House, Clinton, New York 13323

Questions?
Call or e-mail the Basketball Staff at 315-859-4646
or mmgreen@hamilton.edu
Hamilton Women’s Elite Clinic

Location: Hamilton College – Check in and games will be held at Bundy Scott Field House.

Registration Fee: $100 per child

Pre-registration is required.

Complete and return the waiver below to:
Mahogany Green, Head Women’s Basketball Coach
Hamilton College
198 College Hill Road,
Bundy Scott Field House
Clinton, New York 13323

Please call the basketball staff at 315-859-4646 with any questions.

**Basketball players will not be permitted to participate without the completion of this form.**

<table>
<thead>
<tr>
<th>WAIVER/RELEASE OF LIABILITY</th>
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<tbody>
<tr>
<td>Participant’s Name(s): __________________________ Age(s): ______</td>
</tr>
<tr>
<td>Complete Address: __________________________________________</td>
</tr>
<tr>
<td>Home Phone: __________________________ Cell Phone: __________</td>
</tr>
<tr>
<td>Emergency Phone Number where you can be reached during the clinic: __________________________</td>
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<tr>
<td>□ I agree to allow my child/children to be photographed and/or videotaped for possible use in future print and online promotion of this clinic. Please initial here: ______</td>
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As parent/guardian of the child/children named above, I understand the risks involved with my daughter(s) participating in the Hamilton Women’s Basketball Elite Clinic sponsored by Hamilton College. I verify that my daughter(s) has had a physical recently and may participate in all the activities of the Women’s Basketball Elite Clinic. I verify that she/they has no physical impairments/disabilities that make her/them prone to injury. I understand and acknowledge that in the case of illness, accident or injury, my child/children 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 basketball team, shall be held harmless for injury, death or damage to property that occurs while my child/children is participating in the basketball 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 Women’s Basketball Elite Clinic.

Parent/Guardian Signature: __________________________ Date: ________

Please Print Above Name: __________________________

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