9th Annual
Hamilton College Baseball
Fall Prospect Clinic

Sunday, October 6, 2019
9:00 a.m.-5:00 p.m.
at Loop Road Baseball Complex on Hamilton College’s campus

The Hamilton College Baseball Fall Prospect Clinic is
designed for high school and prep school age student
athletes who aspire to play at the collegiate level.

Players will be instructed by Hamilton College baseball
coaching staff. Coaches from other colleges will be added
to work and recruit the event. Additionally, current Hamilton
players will be on hand to help with drills.

Players will receive offensive and defensive
instruction, a t-shirt and lunch.

Tuition for the clinic is $125 per person.

Registration will run 9-9:30 a.m., followed by drills, batting
practice, simulated and live game play.
(*Schedule and game play is dependent on final numbers.)

Registration will be accepted electronically or by mail and will be
capped at 60. Click here to Register Online.

To register by mail, complete the attached registration and
waiver and mail it along with payment to: Hamilton College,
Baseball Office, 198 College Hill
Road, Clinton, NY 13323.
All checks must be made payable
to “Trustees of Hamilton College.”
The $125 registration fee is non-
refundable.

Any question may be directed to
Head Baseball Coach Tim Byrnes
at tbyrnes@hamilton.edu or
Assistant Coach Garrett Lamborn
at jlamborn@hamilton.edu.

For out of town attendees local hotels
include: Utica Radisson, Hotel Utica,
or the Utica Hampton Inn.
2019 Hamilton College Baseball Fall Prospect Clinic

Registration and Waiver

Location: Hamilton College, Loop Road, Clinton, NY 13323
Date and time: Thursday, July 18, 2019 • 9:00 a.m.-5:00 p.m.
Registration Fee: $125 per person (Payment by check or money order must be made out to Trustees of Hamilton College.)

Registrations will be accepted until the clinic is full. However to ensure a t-shirt, pre-registration is due by 9/25/2019.

Complete Registration form and waiver below, and mail with non-refundable payment to:
Tim Byrnes, Head Baseball Coach
Hamilton College
198 College Hill Road, Clinton, New York 13323

Registration:
Name: ______________________________   Age: ____  Height: ____  T-Shirt Size: _____  GPA_____ SAT/ACT _____
High School: ___________________________ HS Graduation Year: _______  Optional College Tour: □ Yes □ No
Primary Pos. _______________ Secondary Pos: ________________ Bats (L/R/S): ________ Throws (L/R): ________
Allergies/Special Medical:____________________________________________________________________________
Address: __________________________________________________________________________________________
__________________________________________________________________________________________________
Player Cell Phone:________________________________   Email:_______________________________________

Questions or late registration, Call or e-mail the Baseball Staff at 315-859-4796 or jlamborn@hamilton.edu

WAIVER/RELEASE OF LIABILITY

Participant’s Name: __________________________________________________________  Age:__________________
Complete Address: _________________________________________________________________________________
__________________________________________________________________________________________________
Home Phone: ____________________________________  Cell Phone: ______________________________________

As parent/guardian of the child named above, I understand the risks involved with my son participating in the Baseball Fall Prospect Clinic sponsored by Hamilton College. I verify that my son has had a physical recently and may participate in all the activities of the Baseball Fall Prospect Clinic. I verify that he has no physical impairments/disabilities that make him 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 baseball team, shall be held harmless for injury, death or damage to property that occurs while my child is participating in the baseball 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 Baseball Fall Prospect Clinic.

Parent/Guardian Signature: _________________________________ Date: ___________________
Please Print Above Name: __________________________________________________________

Emergency Phone Number where you can be reached during the clinic: ______________________________
( ) I agree to allow my child to be photographed and/or videotaped for the possible use in future online and print materials.

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