8th Annual
Hamilton College Baseball
Fall Prospect Clinic

Sunday, October 7, 2018
9:00 a.m.-5:00 p.m.

at Loop Road Baseball Complex on Hamilton College’s campus
Hamilton College Baseball Fall Prospect Clinic

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. The goal is to enhance skills in both an instructional clinic and controlled game setting. Players will be instructed by the Hamilton College baseball coaching staff. 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.

Registration will run 9-9:30 a.m., followed by drills, batting practice, simulated live game play, lunch and live game play.

(*Schedule and game play is dependent on weather and final numbers)

Registration will be capped at 60. You can register by filling out the registration form on the Hamilton College Baseball webpage and mailing 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 questions may be directed to Head Baseball Coach Tim Byrnes at tbyrnes@hamilton.edu or Assistant Coach Garrett Lamborn at jlamborn@hamilton.edu.

For all out of town campers local hotels include: Utica Radisson, Hotel Utica, or the Utica Hampton Inn.
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 2018 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 Hamilton College 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 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 2018 Hamilton College
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.