Hamilton College
Women’s Soccer
Two Day Clinic

NO OVERNIGHT HOUSING

Date: Sun, July 7 - Mon, July 8 2019
Registration: Sun July 7th @ 2 pm.
Cost: $250

The clinic is open to all high school players, and will be limited to the first 30 players to register.

This is an excellent opportunity for you to visit the Hamilton College campus, and to be instructed by the Hamilton Women’s Soccer Staff.

If you are interested in attending our clinic, please complete and return the attached registration form along with a check for the cost of the clinic. We look forward to seeing you.

*All checks to be made out to The Trustees of Hamilton College*
**No refund for inclement weather or for canceled reservations**

Colette Gilligan 315-859-4643
**Hamilton College Women’s Soccer Summer Clinic**

Players will be supervised and instructed by the Hamilton College Soccer Staff and members of the Hamilton College Soccer Team. Instruction and evaluation will be conducted through training sessions and games. Participants should wear soccer cleats and athletic clothing (shorts, t-shirts and/or sweats).

Lunch will be provided. **Students with any food allergies must bring their own bag lunch clearly marked with their name.**

<table>
<thead>
<tr>
<th>Date and Time:</th>
<th>Sun - Mon, July 7-8th, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>For:</td>
<td>Summer Clinic 2019</td>
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<tr>
<td>Location:</td>
<td>Hamilton College – Love Field</td>
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<tr>
<td>Registration Fee:</td>
<td>$250</td>
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Pre-registration is recommended, as space will be limited. Complete and return the waiver below with the registration fee (check payable to The Trustees of Hamilton College) to:

**Hamilton College**
Attn: Colette Gilligan
198 College Hill Road
Clinton, NY 13323

Please call Colette Gilligan at 315-859-4643 with any questions.

**Please make checks payable to “The Trustees of Hamilton College”**

<table>
<thead>
<tr>
<th><strong>WAIVER/RELEASE OF LIABILITY</strong></th>
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<tbody>
<tr>
<td><strong>Child’s or Children’s Name (s):</strong> ____________________________  Grad Year __________________</td>
</tr>
<tr>
<td><strong>Complete Address:</strong> __________________________________________</td>
</tr>
<tr>
<td><strong>Home Phone:</strong> __________________________  <strong>Cell Phone:</strong> __________________________</td>
</tr>
<tr>
<td><strong>Email address for Participant:</strong> __________________________  <strong>Position:</strong> __________________________</td>
</tr>
<tr>
<td><strong>Club Team:</strong> __________________________  <strong>T-Shirt Size:</strong> __________________________</td>
</tr>
<tr>
<td><strong>Emergency Phone Number</strong> where you can be reached during the clinic: __________________________</td>
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</table>

As parent/guardian of the child/children named above, I understand the risks involved with my child attending the soccer skills clinic, sponsored by the Hamilton College Soccer team. I verify that my child has had a physical recently and may participate in all the activities of the soccer clinic. I verify that my child has no physical impairments/disabilities that make him/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 Soccer team, shall be held harmless for injury, death or damage to property that occurs while my child is participating in the soccer clinic, except that which can be shown as negligence on the part of the College or its representatives. I understand that I must provide a bag lunch for my child if he/she suffers from any food allergies. This bag lunch must be clearly marked with my child’s name. I agree to allow my child to be photographed and/or videotaped for possible use in future print and online promotion of this camp.

Please check one of the following:

- My child has food allergies. I have provided a bag lunch marked with his/her name.
- My child has no food allergies and may eat lunch in the Hamilton College dining hall.
- I 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: __________________________

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

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