Thursday, June 20, 2019
The clinics are for rising sophomores, juniors and seniors
* Limited Registration *

To register online click on the link below:
REGISTER HERE

Any questions please contact the Lacrosse Office
at 315-859-4531

CLINIC OUTLINE

Registration: 9:00-10:00 am
Main Lobby of the Field House

Practice: 10:00-11:45 am
Instruction on Steuben Field led by the Hamilton Coaches

Lunch: 11:45 am-12:45 pm
Provided for campers

Admission Campus Tour: 1:00-2:00 pm

Games: 2:00-4:00 pm
On Steuben Field or Withiam Field
Hamilton Lacrosse Summer Prospect Clinic

Lacrosse players will participate in a one-day lacrosse clinic on Thursday, June 20, 2019 from 9:00 a.m. - 4:00 p.m. Players and teams will be instructed by Hamilton College coaches.

Participants should wear appropriate athletic clothing. Participants should bring their own lacrosse equipment, protective gear and mouth piece.

**Location:** Hamilton College. Check in will be held in the alumni gym lobby and games will be played on Steuben Field.

**Registration Fee:** $145.00 per person.

**Pre-registration is required.** Complete and return the waiver below to:

Scott Barnard  
Hamilton College Lacrosse  
198 College Hill Road  
Clinton, NY 13323

Please call Coach Barnard at 315-859-4531 with any questions.

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

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**WAIVER/RELEASE OF LIABILITY**

Participant’s Name: ___________________________ Age: ________

Complete Address: ____________________________________________________________

Home Phone: ___________________________ Email: ___________________________

High School: ___________________________ Position: ___________________________

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

☐ I agree to allow my child to be photographed and/or videotaped for possible use in future print and online materials.

As parent/guardian of the child named above, I understand the risks involved with my son/daughter participating in the Lacrosse Prospect Clinic sponsored by Hamilton College. I verify that my son/daughter has had a physical recently and may participate in all the activities of the Lacrosse Prospect Clinic. I verify that he/she 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, employees, and the Hamilton College Lacrosse team, shall be held harmless for injury, death or damage to property that occurs while my child is participating in the Lacrosse 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 Lacrosse Prospect 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.