April 2019
Men’s Soccer
Prospect Clinic
at Hamilton College

Sunday, April 28, 2019

Clinic Details: Our clinic is open to all high school sophomores (’21) and juniors (’20) interested in pursuing soccer at the collegiate level. All instruction will be provided by the Hamilton College Coaching Staff and current team members.

Clinic Schedule:
Registration: 9:00 - 9:30 a.m.
Session I: 9:30 - 11:30 a.m.
Lunch: 11:45 - 12:30 p.m.
Campus Tour with Admissions: 12:45 - 1:45 p.m.
“How to be a college recruit” Discussion: 1:45 - 2:15 p.m.
Session II: 2:30 - 4:00 p.m.

To register online click this link: REGISTER ONLINE
Hamilton College Men’s Soccer Prospect Clinic

Players will participate in a one-day soccer clinic on Sunday, April 28, 2019 from 9:00 a.m. – 4:00 p.m. Players will be instructed by Hamilton College coaches. Participants should wear proper athletic clothing. Participants should bring their own cleats and shin guards.

**Location:** Hamilton College. Check in will be held in the Margret Bundy Scott Fieldhouse.

Training and games will be played on Love Field or Withiam Field.

**Registration Fee:** $125 per person and includes instruction, lunch for players and a dri-fit Hamilton Soccer shirt

**Pre-registration is required:**
Complete the waiver on the next page and return to:

**Perry Nizzi**
Hamilton College
Men’s Soccer
198 College Hill Road
Clinton, NY 13323

Please call Coach Nizzi at 315-859-4756 or email Pnizzi@hamilton.edu

To register online click this link: REGISTER ONLINE
Hamilton College Men’s Soccer Prospect Clinic Waiver Form

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

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 child participating in the Hamilton College Men’s Soccer Prospect Clinic. I verify that my child has had a physical recently and may participate in all the activities of the Hamilton College Men’s Soccer 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 men’s soccer team, shall be held harmless for injury, death or damage to property that occurs while my child is participating in the Hamilton College Men’s Soccer Prospect 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 College Men’s Soccer Prospect Clinic.

Parent/Guardian Signature: ____________________________________________ Date: ________________

Please Print Above 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. _____ (initial here)

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

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