2019 SUMMER CLINIC

When: August 10-11
Where: Loop Road Softball Complex
Who: Open to 2024 graduates and older
Cost: $225

Clinic Details:

Join us on August 10 and 11 to improve your softball game at Hamilton College! Our clinic will include instruction and evaluation by our coaching staff and cover infield, outfield, pitching, and catching skills. Live-play opportunities will be held each day.

Saturday, Aug. 10
Admission Campus Tour
10:00 a.m. – 11:00 a.m.
Academic Information Session (conducted by Admissions)
11:00 a.m. – 12:00 p.m.
Softball Skills and Live Play
1:30 p.m. – 5:30 p.m.

Sunday, Aug. 11
Softball Skills and Live Play
9:00 a.m. – 1:00 p.m.
Q&A with Coaches and players
1:00 p.m. – 1:30 p.m.

Important Info

- Players are responsible for their own lunch on Saturday before the softball session
- Equipment needed: Cleats (metal or plastic), indoor sneakers, bat, helmet, glove, water bottle, softball pants preferred.
- The attached waiver must be completed and brought to the clinic.
- For all questions, please contact Assistant Softball Coach Emily Seidel at eseidel@hamilton.edu or 315-859-4769

Be sure to sign up early.
Space is Limited!
REGISTER ONLINE!
**F**o**t**ball players will not be permitted to participate without the completion of this form.**

**WAIVER/RELEASE OF LIABILITY**

Participant's Name: ________________________________________________________________

Age ____________

Complete Address: ________________________________________________________________

__________________________________________________________

Home Phone: _______________ Cell Phone: _______________ Emergency Phone: _______________

As parent/guardian of the child named above, I understand the risks involved with my daughter participating in the Hamilton Softball Summer Clinic, sponsored by Hamilton College. I verify that my daughter has had a physical recently and may participate in all the activities of the Hamilton Softball Summer Clinic. I verify that she has no physical impairments/disabilities that make 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 softball team, shall be held harmless for injury, death or damage to property that occurs while my child is participating in the softball 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 Softball Summer Clinic. I also, 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: ______________________________________________________

_________________________________________________________

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

_________________________________________________________

An Athletic Trainer will be on site provided by Hamilton Softball.