Sunday,
February 2, 2020

The clinic is for rising sophomores, juniors and seniors
* Limited Registration *

To register, please send completed form and fee to:
Scott Barnard, Head Lacrosse Coach
Hamilton College Lacrosse
198 College Hill Road
Clinton, NY 13323

Please contact the Lacrosse Office with any questions: 315-859-4531
Hamilton Lacrosse Prospect Clinic

Lacrosse players will participate in a one-day lacrosse clinic on Sunday, February 2, 2020 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 lobby of the Little Squash Center. Games and instruction will be at the Indoor Turf Field House or Steuben Field.

Registration Fee: $145.00 per person. Make checks out to: Trustees of Hamilton College.

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.**

<table>
<thead>
<tr>
<th>REGISTRATION and WAIVER/RELEASE OF LIABILITY</th>
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<tbody>
<tr>
<td>Participant's Name: ________________________ Grad. Year: _______ Age: ___________</td>
</tr>
<tr>
<td>Complete Address: __________________________</td>
</tr>
<tr>
<td>Cell Phone: ___________________________ Email: __________________________</td>
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<tr>
<td>High School: ___________________________ Position: __________________________</td>
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<tr>
<td>Emergency Phone Number where you can be reached during the clinic: __________________________</td>
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☐ I agree to allow my child to be photographed and/or videotaped for possible use in future print and on-line 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.