Hamilton Field Hockey Clinic
Sunday, April 28, 2019 10:00 a.m. – 4:00 p.m.
Grades 9 – 12

Clinic Schedule:

9:30 – 10:00 a.m.  Check In at Goodfriend AstroTurf Field
10:00 – 10:15 a.m.  Dynamic Warm Up
10:15 – 11:15 a.m.  Skill Development and Station Work
11:15 – 12:00 p.m.  Situational Drills
12:00 – 1:00 p.m.  Small Sided Games
1:15 – 1:50 p.m.  Lunch on Campus at Commons Dining Hall
2:00 – 3:00 p.m.  Campus Tour
3:00 – 3:45 p.m.  Hamilton College and Field Hockey Information Session

Cost: $75 which includes instruction, lunch, and a t-shirt

Please submit registration by April 21, 2019

Registration Form

Athlete Name: __________________________________________

Address: ________________________________________________

Phone: _______________________________ Email: __________________________

High School: ____________________________ HS Grad Year: _________

Position: ____________________________ Club Team: _________________

$75 check made payable to: Trustees of Hamilton College

Please send registration, waiver, and check to:
Missy Mariano, Head Field Hockey Coach
Hamilton College, 198 College Hill Road, Clinton, NY 13323

Please contact Coach Mariano with any questions:
315.859.4760 or mmariano@hamilton.edu
HAMILTON WAIVER/RELEASE OF LIABILITY

**Field Hockey 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 Field Hockey Clinic. I verify my child has had a physical recently and may participate in all the activities of the Hamilton College Field Hockey Clinic. I verify 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, employees, and the Hamilton Field Hockey Team shall be held harmless for injury, death, or damage to property that occurs while my child is participating in the Hamilton College Field Hockey 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 Field Hockey Clinic.

Parent/Guardian Signature: ___________________________ Date: ____________

Please Print Above Name: ___________________________________________________ 

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 online and print materials.

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