Women’s Basketball
Fundamental and Skills Clinic
Grades 7-12 • Fee: $80/child*
*If bringing another family member, the second family member’s fee is $60
Camp is from 9 a.m.-4 p.m. • Lunch will be included
Saturday, October 26, 2019
Registration 8:00-9:00 a.m.
Skill Development 9:00 a.m.-11:00 a.m.
Competition Drills 11:00 a.m.-12:00 p.m.
Lunch 12:00-1:00 p.m.
Free Shot 1:00-1:30 p.m.
Games 1:30-4 p.m.

Women’s Elite Basketball Clinic
Grades 9-12 • Fee: $100/child
Camp is from 9 a.m.-4 p.m. • Lunch will be included
Sunday, October 27, 2019
Registration 8:00-9:00 a.m.
Skill Development 9:00 a.m.-11:00 a.m.
Campus Tour 11:00 a.m.-12:00 p.m.
Lunch 12:00-1:00 p.m.

Registration Form:
Choose Clinic: ☐ Children’s ☐ Elite
Name:____________________________________________
2nd Child, if applicable: _____________________________
Address:___________________________________________
__________________________________________________
Phone: ___________________________________________
E-mail:____________________________________________
1.) Age: _______ Height: ________ HS Year:________
2.) Age: _______ Height: ________ HS Year:________
High School: _______________________________________
Shirt Size: ☐ XS ☐ S ☐ M ☐ L ☐ XL
Payment: _____ $80 Child’s/_____ $60 2nd Child ____$100 Elite
(If paying by check, please make it out to: Trustees of Hamilton College.)
Mail to: Mahogany Green, Head Coach, Women’s Basketball
Hamilton College, 198 College Hill Road, Bundy Scott Field House, Clinton, New York 13323
Questions?
Call or e-mail the Basketball Staff at 315-859-4646 or mmgreen@hamilton.edu
Hamilton Women’s Basketball
Fundamental and Skills Clinic
or Women’s Basketball Elite Clinic

**Location:** Hamilton College – Check in and games will be held at Bundy Scott Field House.

**Registration Fee:** $80 per child/2nd Child $60 and $100 per child for Elite.

**Pre-registration is required.**
Complete and return the waiver below to:
Mahogany Green, Head Women’s Basketball Coach
Hamilton College
198 College Hill Road,
Bundy Scott Field House
Clinton, New York 13323

Please call the basketball staff at 315-859-4646 with any questions.

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

<table>
<thead>
<tr>
<th>Participant’s Name(s):</th>
<th>Age(s):</th>
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Complete Address:
__________________________________________________________________________________
__________________________________________________________________________________

Home Phone: ___________________________ Cell Phone: ___________________________

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

☐ I agree to allow my child/children to be photographed and/or videotaped for possible use in future print and online promotion of this clinic. Please initial here: ______

As parent/guardian of the child/children named above, I understand the risks involved with my daughter(s) participating in the Hamilton Women’s Basketball Fundamental and Skills Clinic or Women’s Basketball Elite Clinic, sponsored by Hamilton College. I verify that my daughter(s) has had a physical recently and may participate in all the activities of the Women’s Basketball Clinics. I verify that she/they has no physical impairments/disabilities that make her/them prone to injury. I understand and acknowledge that in the case of illness, accident or injury, my child/children 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 basketball team, shall be held harmless for injury, death or damage to property that occurs while my child/children is participating in the basketball 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 Women’s Basketball Fundamental and Skills Clinic or Women’s Basketball Elite 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.