BASKETBALL
Hamilton

Men's Basketball Elite Clinic

Grades 10-12 • Fee: $60

Sunday, November 9, 2014

Registration:	9:15 a.m.
Introduction/Warm-up:	10:00 a.m.
Skill Work/Games:	10:15 a.m.
Lunch:	12:30 p.m.
Lecture:	1:30 p.m.
Skill Work/Games:	2:00 p.m.
Clinic Conclusion:	3:45 p.m.

BASKETBALL
Hamilton

Registration Form:

Name:_____

Address:_____

_____

Phone: _____

E-mail:_____

Age: _____ Height: _____ HS Graduation Year:_____

High School: _____

Payment: _____ $60 Non-Refundable
(If paying by check, please make it out to: *Trustees of Hamilton College*.)

Mail to: **Adam Stockwell, Head Coach, Men's Basketball**
Hamilton College, 198 College Hill Road, 132B Bundy Scott Field House,
Clinton, New York 13323

Questions? Call or e-mail the Basketball Staff at 315-859-4750
or jvangord@hamilton.edu

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Hamilton Men's Basketball Elite Clinic

Location: Hamilton College – Check in and games will be held at Bundy Scott Field House.
Registration Fee: $60.00 per person.

Pre-registration is required. Complete and return the waiver below to:

Adam Stockwell, Head Men's Basketball Coach
Hamilton College
198 College Hill Road, 132B Bundy Scott Field House
Clinton, New York 13323

Please call the basketball staff at 315-859-4750 with any questions.

****Basketball 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 Number where you can be reached during the clinic: _____

As parent/guardian of the child named above, I understand the risks involved with my son participating in the Men's Basketball Elite Clinic, sponsored by Hamilton College. I verify that my son has had a physical recently and may participate in all the activities of the Men's Basketball Elite 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 basketball team, shall be held harmless for injury, death or damage to property that occurs while my child 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 College Men'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.