

Hamilton & Skidmore Lacrosse Prospect Clinic



Session Date:
Wed., Aug. 8, 2012
9 a.m.-4:30 p.m.
at Hamilton College



Check-in: 9:00-9:30 a.m.
Practice: 9:30-11:00 a.m.
Lunch: 12 Noon-1:30 p.m.
Game: 2:00-4:30 p.m.



Go to our website for more information and register online at www.hamilton.edu/summercamps
 Any questions please contact the Lacrosse Office at 315-859-4531



LACROSSE

Hamilton

198 College Hill Road
 Clinton, NY 13323

Registration Form:

Name: _____

Address: _____

Phone: _____

E-mail: _____

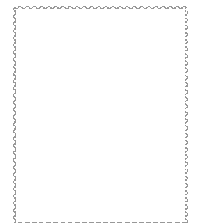
Position: _____

Age: _____ High School: _____

Payment: _____ \$125 Non-Refundable
 (If paying by check, please make it out to *Trustees of Hamilton College.*)

Mail to:

Scott Barnard, Hamilton College Athletics
 198 College Hill Road, Clinton, NY 13323



Hamilton and Skidmore Rising Senior Lacrosse Prospect Camp

Lacrosse players will participate in a lacrosse one-day rising senior prospect camp on August 8, 2012, 9 a.m. – 4:30 p.m. Players and teams will be supervised 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 alumni gym and games on Steuben Field.

Registration Fee: \$125.00 per person

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 859-4531 with any questions

**** Lacrosse 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: _____

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/daughter participating in the Lacrosse Prospect Day sponsored by Hamilton College and Skidmore College. I verify that my son/daughter has had a physical recently and may participate in all the activities of the Lacrosse Prospect Day. 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 and 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 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 and Skidmore Rising Senior Lacrosse Prospect Camp.

Parent/Guardian Signature: _____ Date: _____

Please Print Above Name: _____

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