



# Hamilton Field Hockey Prospect Clinic

## Sunday, May 3, 2015

**Clinic Details:** Our clinic is open to all high school sophomores ('17) and juniors ('16) interested in pursuing field hockey at the collegiate level. All instruction will be provided by the Hamilton College Coaching Staff and current Hamilton players.

**Cost:** \$125 which includes instruction, lunch with the Hamilton Coaches and players and a t-shirt.

*Please send check payable to Trustees of Hamilton College.*

### Schedule:

**Registration:** 9:00-9:15 a.m.  
**Information Session:** 9:15-10:00 a.m.  
*with an Admission Counselor*  
**Session I:** 10:00 a.m. - Noon  
**Lunch:** Noon - 1:30 p.m.  
**Session II:** 1:30 - 3:30 p.m.

*The clinic will take place on Campus Road Astro Turf Field*

**Be sure to sign up early, limited space!**



### Registration Form:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

HS Graduation Year: \_\_\_\_\_

High School: \_\_\_\_\_

Club Team: \_\_\_\_\_

Position: \_\_\_\_\_

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

#### Accommodations:

**Arbor Inn at Griffin House**  
 3919 Griffin Road  
 Clinton, NY 13323  
 888-424-3074 or 315-859-1790  
 Distance from campus: 1/2 mile

**Fairfield Inn & Suites**  
 5280 Willow Place  
 Verona, NY 13478  
 800-228-2800 or 315-363-8888  
 Distance from campus: 12 miles

**Hampton Inn New Hartford**  
 201 Woods Park Drive  
 New Hartford, NY, 13323  
 315-793-1600  
 Distance from campus: 6 miles

**Ramada Inn, New Hartford**  
 141 New Hartford Street  
 New Hartford, NY 13413  
 315-735-3392  
 Distance from campus: 8 miles

*For more hotel options go to:  
[www.hamilton.edu/admission/visiting/accommodations](http://www.hamilton.edu/admission/visiting/accommodations)*

Mail payment, registration form and waiver to:  
**Gillian McDonald, Head Field Hockey Coach**  
 Hamilton College, 198 College Hill Road, Clinton, NY 13323

**Questions?** Call or email Coach McDonald at 315-859-4760  
 or [gmcdonal@hamilton.edu](mailto:gmcdonal@hamilton.edu)

# Hamilton Field Hockey Prospect Clinic

*Sunday, May 3, 2015*

**Register:** Complete the waiver and registration form. Mail both along with a check made payable to: Trustees of Hamilton College.

**Mail payment, registration form and waiver to:**  
**Gillian McDonald, Head Field Hockey Coach**  
Hamilton College  
198 College Hill Road  
Clinton, NY 13323

**Questions?** Please contact Coach McDonald at 315-859-4760 or gmcdonal@hamilton.edu



**\*\*Field Hockey 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: \_\_\_\_\_

As parent/guardian of the child named above, I understand the risks involved with my child participating in the Hamilton College Women's Field Hockey Prospect Clinic. I verify that my child has had a physical recently and may participate in all the activities of the Hamilton College Women's Field Hockey Prospect Clinic. I verify that 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 and employees, and the Hamilton College women's 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 Women's Field Hockey Prospect 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 Women's Field Hockey Prospect Clinic.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Above Name: \_\_\_\_\_

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

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