



Hamilton College Women's Soccer One Day Clinic

Players will be supervised and instructed by the Hamilton College Soccer Staff and members of the Hamilton College Soccer Team. Instruction and evaluation will be conducted through training sessions and games. Participants should wear soccer cleats and athletic clothing (shorts, t-shirts and/or sweats).

Lunch will be provided. **Children with any food allergies must bring their own bag lunch clearly marked with their name.**

Date and Time: Monday, Oct 12, 2015

Location: Hamilton College – Love Field

For: Fall Clinic 2015

Registration Fee: \$150

Pre-registration is recommended, as space will be limited. Complete and return the waiver below with the registration fee (check payable to "The Trustees of Hamilton College") to:

**Hamilton College
Attn: Colette Gilligan
198 College Hill Road
Clinton, NY 13323**

Please call or email *Sinead McSharry* at 315-859-4901 / smcsharr@hamilton.edu with any questions.

REGISTRATION & WAIVER/RELEASE OF LIABILITY

Child's or Children's Name (s): _____ Grad Year _____

Complete Address: _____

Home Phone: _____ Cell Phone _____

Email address for Participant: _____ Position: _____

Club Team _____ T-Shirt Size _____

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

As parent/guardian of the child/children named above, I understand the risks involved with my child attending the soccer skills clinic, sponsored by the Hamilton College Soccer team. I verify that my child has had a physical recently and may participate in all the activities of the soccer clinic. I verify that my child 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 Soccer team, shall be held harmless for injury, death or damage to property that occurs while my child is participating in the soccer clinic, except that which can be shown as negligence on the part of the College or its representatives.

I understand that I must provide a bag lunch for my child if he/she suffers from any food allergies. This bag lunch must be clearly marked with my child's name.

Please check one of the following:

My child has food allergies. I have provided a bag lunch marked with his/her name.

My child has no food allergies and may eat lunch in the Hamilton College dining hall.

Parent/Guardian Signature: _____ Date: _____

Please Print Above Name: _____

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

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

Hamilton College Women's Soccer - One Day Clinic -



The clinic is open to all high school players, and will be limited to the first 30 players who respond.

This is an excellent opportunity for you to visit the beautiful Hamilton College campus and to be instructed by the Hamilton Women's Soccer Staff.

If you are interested in attending our clinic, please complete and return the attached registration form along with a check for the cost of the clinic. We look forward to seeing you.

****All checks to The Trustees of Hamilton College****
*****No refund for inclement weather or for canceled reservations*****



Check us out!

Date: Monday, Oct. 12, 2015

Time: 9:00am-3:00pm

Cost: \$150 (Includes Lunch & T-Shirt)

Clinic Schedule

- 9:00-9:15 Registration – TBA
- 9:15-9:45 Speed and Agility / Warm Up
- 9:45-10:00 Technical Training
- 10:00-10:30 Small Sided #'s Up
- 10:30-10:45 Small Sided to Targets
- 10:45-11:30 11v11 Game
- 11:30-12:15 Lunch
- 12:20-1:00 Q & A with Hamilton Soccer Players
- 1:05-1:20 Warm Up
- 1:20-1:50 Small Sided Games and Shooting
- 2:00-2:45 11v11 Games
- 2:45-3:00 Cool Down
- 3:00 Closing Remarks

Sinead McSharry 315-859-4901
smcsharr@hamilton.edu