

Hamilton Men's Soccer Prospect Clinic Sunday, June 5, 2016

Clinic Details: Our clinic is open to all high school sophomores ('18) and juniors ('17) interested in pursuing soccer at the collegiate level. All instruction will be provided by the Hamilton College Coaching Staff and current

team members.

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:9:00-9:30 a.m.In the Margaret Bundy Scott FieldhouseSession I:9:30 a.m.-NoonLunch:Noon-2:00 p.m.Admissions Campus Tour & "How tobe a College Recruit" DiscussionSession II:2:30-4:30 p.m.





Registration Form:

Name:	·	
Addres	SS:	
Phone	:	
Check is	f Goalkeeper	
Age:	Height:	HS Graduation Year:
High Sch	nool:	
	\$125	
T-Shirt Si	ize: S M	ake out to: Trustees of Hamilton College.) L XL (circle one) ssion/visiting/accommodations

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

Hampton Inn New Hartford 201 Woods Park Drive New Hartford, NY, 13323 315-793-1600 Distance from campus: 6 miles Fairfield Inn & Suites 5280 Willow Place Verona, NY 13478 800-228-2800 or 315-363-8888 Distance from campus: 12 miles

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

Mail payment, registration form and waiver to:

Perry Nizzi, Head Men's Soccer Coach Hamilton College, 198 College Hill Road, Clinton, NY 13323

Questions? Call or e-mail Coach Nizzi at 315-859-4756 or pnizzi@hamilton.edu

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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: Perry Nizzi, Head Men's Soccer Coach Hamilton College 198 College Hill Road Clinton, NY 13323

Questions? Please contact Coach Nizzi at 315-859-4756 or pnizzi@hamilton.edu



Soccer 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 Men's Soccer Prospect Clinic. I verify that my child has had a physical recently and may participate in all the activities of the Hamilton College Men's Soccer 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 men's soccer team, shall be held harmless for injury, death or damage to property that occurs while my child is participating in the Hamilton College Men's Soccer 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 Men's Soccer 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.				