

# ***Hamilton College Baseball Summer Prospect Clinic Registration and Waiver***

**Location:** Hamilton College, Loop Road, Clinton, NY 13323

**Date and Time:** Saturday, July, 8, 2023

**Registration Fee:** \$125

(All checks and money orders must be made out to Trustees of Hamilton College.)

Complete registration form and waiver below, and mail with non-refundable payment to:

Tim Byrnes, Head Baseball Coach, Hamilton College  
198 College Hill Road, Clinton, New York 13323

## **Registration:**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Height:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_ **High School:** \_\_\_\_\_ **HS Grad Yr:** \_\_\_\_\_  
**GPA:** \_\_\_\_\_ **SAT:** \_\_\_\_\_ **ACT:** \_\_\_\_\_ **Primary Pos:** \_\_\_\_\_ **Secondary Pos:** \_\_\_\_\_ **Bats (L/R/S):** \_\_\_\_\_  
**Throws(L/R):** \_\_\_\_\_ **Position Player Only:** \_\_\_\_\_ **Pitcher Only:** \_\_\_\_\_ **Two-Way Player:** \_\_\_\_\_  
**Allergies/Special Medical:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Player Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Questions or late registration, call or email the Baseball Staff at 315-859-4796 or tbyrnes@hamilton.edu

## **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 Baseball Summer Prospect Clinic. I verify that my son has had a physical recently and may participate in all the activities of the Hamilton College Baseball Summer Prospect 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 baseball team, shall be held harmless for injury, death or damage to property that occurs while my child is participating in the baseball clinic, except that which can be shown as negligence on the part of the College or its representatives.

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

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

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

( ) I agree to allow my child to be photographed and/or videotaped for the possible use in future online and print materials.

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