

Hamilton Men's Soccer Prospect Clinic

Saturday, July 30, 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.



Registration: 9:00-9:30 a.m. *In the Margaret Bundy Scott Fieldhouse* **Session I:** 9:30 a.m.-Noon Lunch: Noon-2:00 p.m. Admissions Campus Tour & "How to be a College Recruit" Discussion

Session II: 2:30-4:30 p.m.



Registration Form:

Name:
Address:
Phone:
E-mail:
Check if Goalkeeper
Age: Height: HS Graduation Year:
High School:
Payment: \$125 Non-Refundable (If paying by check, please make out to: Trustees of Hamilton College.) T-Shirt Size: S M L XL (circle one)

www.hamilton.edu/admission/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:	
Men's Soccer Prospect Clinic. I verify Hamilton College Men's Soccer Prospinjury. I understand and acknowledge treatment from emergency response per Hamilton College men's soccer team, participating in the Hamilton College the College or its representatives.	d above, I understand the risks involved with my child pay that my child has had a physical recently and may partic pect Clinic. I verify that she has no physical impairments/ that in the case of illness, accident or injury, my child with ersonnel. I further agree that Hamilton College, its agen shall be held harmless for injury, death or damage to prope Men's Soccer Prospect Clinic, except that which can be	cipate in all the activities of the /disabilities that make her prone to ill be evaluated by and receive medical its, students and employees, and the perty that occurs while my child is e shown as negligence on the part of
	I am responsible for any and all bills for first aid, medication while participating in the Hamilton College Men	~ .
Parent/Guardian Signature:		_ Date:
Please Print Above Name:		
Emergency Phone Number where yo	ou can be reached during the clinic:	

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