



2024 Winter Clinic



When: Sunday, February 4 • 10:00 a.m.-2:30 p.m.
Where: Indoor Turf Facility-Bundy Scott Field House
Who: 2024, 2025, 2026 Graduates

**REGISTER
HERE!
For the Winter Clinic**



Clinic Details:

10:00 a.m.-1:30 p.m.:

Lacrosse training lead by Coaches Kloidt and Geremia-Mathers and the current members of the Hamilton Women's Lacrosse program

1:30 p.m.-2:30 p.m.:

Info Session: Hamilton student-athletes and coaches

Equipment needed:

Cleats, stick, goggles, mouth guard, water bottle

The attached waiver must be completed and emailed to Coach Kloidt.

For all questions, please contact Head Coach Patty Kloidt at pkloidt@hamilton.edu

Lacrosse 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 a parent/guardian of the child named above, I understand the risks involved with my daughter participating in the Hamilton Women's Lacrosse Winter Clinic, sponsored by Hamilton College. I verify that my daughter has had a physical recently and may participate in all the activities of the Hamilton Women's Lacrosse Winter 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 lacrosse team, shall be held harmless for injury, death or damage to property that occurs while my child is participating in the softball 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 Women's Lacrosse Winter Clinic. I also agree to allow my child to be photographed and/or videotaped for possible use in future print and on-line materials.

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.