

Hamilton College Women's Basketball Prospect Clinic



The clinic is open to all players age 15-18, and will be limited to the first 40 players to register.

This is an excellent opportunity to experience the Hamilton College campus, and to be instructed and evaluated by the Hamilton Women's Basketball 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 be made out to The Trustees of
Hamilton College**

***No refund for inclement weather or for canceled
reservations***

Date: Sunday, September 13, 2015

Time: 9:00am-3:00pm

Cost: \$125 (includes lunch)

Clinic Schedule

9:00-9:30 Registration (Field House)
9:30-9:45 Introductions/Stretching
9:45-10:00 Ball-Handling
10:00-10:30 Individual Drills
10:30-11:00 4v4/5v5 Competitions
11:00-11:30 Guard/Post Breakdowns
11:30-12:00 Lunch: Q&A with Players
12:00-1:00 Campus Tour
1:00-1:15 Warm-up/Shooting
1:15-1:45 Competitions
1:45-2:30 5v5
2:30-2:45 Shooting Competitions
2:45-3:00 Cool Down
3:00 Closing Remarks

Allie Lindemann- 315-859-4791

Hamilton College Women's Basketball Prospect Clinic

Players will be supervised and instructed by the Hamilton College Women's Basketball Staff and members of the Hamilton College Women's Basketball Team. Instruction and evaluation will be conducted through training sessions and games.

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

Date and Time: Sunday September 13th, 2015 from 9:00am to 3:00pm
For: Ages 15– 18

Location: Hamilton College – Field House
Registration Fee: \$ 125.00 per participant

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: Allie Lindemann
198 College Hill Road
Clinton, NY 13323**

Please call *Allie Lindemann* at 315-859-4791 with any questions.

**** Please make checks payable to "The Trustees of Hamilton College"**

WAIVER/RELEASE OF LIABILITY

Participant or Participant's Name (s): _____ Grad Year _____

Complete Address: _____

Home Phone: _____ Cell Phone: _____

Email address for Participant: _____ Position: _____

AAU Team _____

Emergency Contact & Phone Number (person who can be reached during clinic): _____

As parent/guardian of the child/children named above, I understand the risks involved with my child attending the women's basketball prospect clinic, sponsored by the Hamilton College Women's Basketball team. I verify that my child has had a physical recently and may participate in all the activities of the basketball 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 Women's Basketball team, shall be held harmless for injury, death or damage to property that occurs while my child is participating in the basketball 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 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 will provide a bag lunch marked with her name.

My child has no food allergies and may eat lunch provided by Hamilton College staff.

Parent/Guardian Signature: _____ Date: _____

Please Print Above Name: _____

**** Players 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.