



Hamilton

Women's Lacrosse Prospect Clinic

Sunday, Sept. 13, 2015 - 9:00-3:30

Details:

Check-in:	9:00 - 9:30	Tour:	11:00- 12:00
Practice:	9:30 -11:00	Lunch:	12:00 - 1:30
		Practice	1:30 - 3:30

Cost: \$110.00, no refunds.
Please send check payable to: *Trustees of Hamilton College*

Location: Check-in will be in the lobby of Alumni Gym and the clinic will be held on Steuben Field.

Staff: Instruction will be provided by the Hamilton College coaching staff and student-athletes.

Clinic Experience: Our clinic is open to students in the class years of 2016, 2017 and 2018 in high school interested in pursuing lacrosse at the collegiate level. Our Clinic is designed to help you improve your stick skills under single or double pressure and increase your tactical awareness of the game.

You will be provided a campus tour through the Admission Office followed by lunch with the Coaches and student-athletes in our program to learn about life as a college lacrosse player at Hamilton College.



Registration Form:



Name: _____

Address: _____

Phone: _____

E-mail: _____

Age: _____ Height: _____ HS Graduation Year: _____

High School: _____

Payment: _____ \$110 Non-Refundable
(If paying by check, please make it out to: *Trustees of Hamilton College.*)

Mail Payment, Registration Form and Waiver to:
Patty Kloidt, Head Lacrosse Coach
Hamilton College, 198 College Hill Road, Clinton, New York 13323

Questions? Call or e-mail Coach Kloidt at 315-859-4755
or pkloidt@hamilton.edu



HAMILTON WOMEN'S LACROSSE PROSPECT CLINIC

Register: Complete the waiver and registration form. Mail both along with a check made payable to *Trustees of Hamilton College* to:

Patty Kloidt, Head Lacrosse Coach
198 College Hill Road, Clinton, New York 13323

Questions: Please contact Coach Kloidt
Telephone: 315-859-4755
Email: 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 parent/guardian of the child named above, I understand the risks involved with my child participating in the Hamilton College Women's Lacrosse Prospect Clinic. I verify that my child has had a physical recently and may participate in all the activities of the Hamilton College Women's Lacrosse 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 women's lacrosse team, shall be held harmless for injury, death or damage to property that occurs while my child is participating in the Hamilton College Women's Lacrosse 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 Women's Lacrosse 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.