



# 2016 Lacrosse Prospect Clinics at Hamilton College

## Session 1: Sunday, June 12

## Session 2: Thursday, July 14

*The clinic is for rising sophomores, juniors and seniors*  
\* Limited Registration \*



**Register online at: [www.hamilton.edu/summercamps](http://www.hamilton.edu/summercamps)**  
**Any questions please contact the Lacrosse Office at 315-859-4531**



*Registration Form:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Position: \_\_\_\_\_

Grad Year: \_\_\_\_\_ High School: \_\_\_\_\_

Session 1: \_\_\_\_\_ Session 2: \_\_\_\_\_

Payment: \_\_\_\_\_ \$145 Non-Refundable  
(If paying by check, please make it out to Trustees of Hamilton College)

### CLINIC OUTLINE

**Registration:** 8:30-9:30 am  
Main Lobby of the Field House

**Practice:** 9:45-11:30 am  
Instruction on Steuben Field led by Hamilton Coaches

**Lunch:** 11:45 am-12:45 pm  
Provided for campers

**Admission Campus Tour:** 1:00-2:00 pm

**Games:** 2:30-4:30 pm  
On Steuben Field or Campus Road field turf

**Mail to:**  
**Scott Barnard**, Men's Lacrosse Coach  
Hamilton College  
198 College Hill Road,  
Clinton, NY 13323

## **Hamilton Lacrosse Prospect Clinic**

Lacrosse players will participate in a one-day lacrosse clinic on Sunday, June 12, or Thursday, July 14, 2016 from 8:30 a.m. - 4:30 p.m. Players and teams will be instructed by Hamilton College coaches.

Participants should wear appropriate athletic clothing. Participants should bring their own lacrosse equipment, protective gear and mouth piece.

**Location:** Hamilton College. Check in will be held in the alumni gym lobby and games will be played on Steuben Field or the Campus Road field turf.

**Registration Fee:** \$145.00 per person.

**Pre-registration is required.** Complete and return the waiver below to:

Scott Barnard  
Hamilton College Lacrosse  
198 College Hill Road  
Clinton, NY 13323

Please call Coach Barnard at 315-859-4531 with any questions.

**\*\* 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: \_\_\_\_\_

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

As parent/guardian of the child named above, I understand the risks involved with my son/daughter participating in the Lacrosse Prospect Clinic sponsored by Hamilton College. I verify that my son/daughter has had a physical recently and may participate in all the activities of the Lacrosse Prospect Clinic. I verify that he/she 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, 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 Lacrosse 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 Lacrosse Prospect Clinic.**

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

Print Above Name: \_\_\_\_\_

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