Football Prospect Day Clinics
at Hamilton College
May 13 and July 29, 2018

For further information, please contact:

Coach Matt Wright
Hamilton College Football
198 College Hill Road
Clinton, New York 13323-9989
Telephone: 315-859-4867
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FOOTBALL PROSPECT DAY CLINIC AT HAMILTON COLLEGE

Program Highlights

This is a one-day football clinic for prospective college players. **It is designed for athletes ages 15-18.** Instructional stations will cover football fundamentals and techniques. Players will be supervised and instructed by Hamilton College football staff. Participants should wear football shoes and athletic clothing (t-shirts, shorts, etc.). Practice jerseys and water will be provided. Locker room facilities and towels will be available as well. A clinic t-shirt is included.

Lunch will be provided for participants. Parents and family members are encouraged to attend lunch, but extra meals will have an additional cost.

**SCHEDULE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>10:00 a.m.-11:00 a.m.</td>
<td>Clinic Registration</td>
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<tr>
<td>11:00 a.m.</td>
<td>Staff Introduction</td>
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<tr>
<td>11:30 a.m.-11:45 a.m.</td>
<td>Admission Information Session</td>
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<tr>
<td>11:45 a.m.-12 noon</td>
<td>Career Center Information Session</td>
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<tr>
<td>12 noon-12:30 p.m.</td>
<td>Lunch</td>
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<tr>
<td>12:30 p.m.-1:30 p.m.</td>
<td>Campus Tour by Admission Staff</td>
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<tr>
<td>1:30 p.m.-1:45 p.m.</td>
<td>Change/Travel to Field</td>
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<tr>
<td>1:45 p.m.-3:45 p.m.</td>
<td>Clinic on Steuben Field</td>
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<tr>
<td>3:45 p.m.-4:00 p.m.</td>
<td>Depart/End Clinic</td>
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**Clinic Cost and Registration**

Registration Fee: **$50.00.**

*Pre-registration is recommended, as space will be limited.*

Complete and return the registration form, waiver and registration fee to:

**Coach Matt Wright**  
Hamilton College Football  
198 College Hill Road, Clinton, New York 13323

*Please make checks payable to: Trustees of Hamilton College*

**THE LOCATION**

Hamilton College is located in the Village of Clinton, New York, approximately 10 miles south of Utica and 45 miles east of Syracuse. The attractive campus, located on College Hill overlooking the Oriskany and Mohawk Valleys, features excellent learning and recreational facilities and modern dormitory accommodations. Nearby Utica is located on a main corridor of Amtrak and is provided with excellent passenger train service. Major bus company stops are also in Utica. The College is easily accessible by air, rail, bus and automobile. Boston, New York and Philadelphia are all within a five-hour drive.

**THE CAMPUS**

Chartered in 1812, Hamilton enjoys a national reputation as a highly selective, independent co-educational liberal arts school. Hamilton’s facilities make possible virtually any type of organized athletics. The facilities include a 50,000 square-foot field house, two artificial turf playing field, acres of natural turf fields, 10 outdoor tennis courts, a hockey rink, racquetball and squash courts, a gymnasium, an all-weather outdoor track, a nine-hole golf course, weight rooms and training rooms.
PARENTAL PERMISSION/HOLD HARMLESS AGREEMENT

Participant Name (Last): __________________________ (First): ___________________________
Date of Birth: ____/____/____
(Please Print Neatly)

Complete Address: _________________________________________________________________________________________

Home Phone: (______________) __________________________

Emergency Phone Number where you can be reached during the clinic: (______________) __________________________

Event: HAMILTON COLLEGE FOOTBALL ONE-DAY FOOTBALL CLINIC on ____ MAY 13 or ____ JULY 29, 2018

1. As the natural parent and/or legally authorized guardian, I give my child, identified on the top of this form, permission to participate in the Hamilton College One-Day Football Clinic listed above.

2. I give permission for my child to go swimming in the Hamilton College swimming pool. _____ (Initial if permitting.)

3. I am aware of the inherent dangers and risks involved in football, including: bodily injury to the eyes, nose, head, neck or back; sprains, fractures, breaks, or dislocations of the joints or limbs; lacerations, concussions, skin disease, or death. Some other risks include, but are not limited to:
   a) Being hit or struck by sports equipment (bat, ball, stick, club, racquet, puck, helmet).
   b) Being hit, struck, physically challenged or collision with other camp participants.
   c) Collision with facilities (floor, goal, backboard, ground, pool, diving board, mat).
   d) Immersion in water (drowning).

4. I understand  that Hamilton College does not provide any accident or medical insurance for my child. I understand that I am required to provide accident/medical insurance for my child and do so under the policy listed below. I agree that I am financially responsible for any and all medical expenses associated with my child’s participation in this program.

   (NOTE: Your child will not be allowed to participate in this clinic unless your medical insurance provider and policy number is provided below.)

Medical Insurance Provider: ___________________________ Policy No.__________________________

5. 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.

6. I confirm that my child has had a physical examination in the past 12 months and is physically able to participate in all Hamilton College Football Clinic activities. I also verify that he/she has no physical impairments/disabilities that make him/her prone to injury.

7. I agree that my child must turn in his/her car keys, if applicable, to the clinic staff at check-in if driving himself to the Football Clinic.

8. I agree, on behalf of myself, my spouse/partner, my child, and our assigns, executors, and heirs, to indemnify, and hold harmless, Hamilton College, and its trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child’s participation in this program, except those things caused by the sole negligence of Hamilton College.

9. I understand that the terms of this agreement are legally binding and certify that I have signed this agreement on my own free will after carefully reading and fully understanding it.

__________________________________________________  __________________________________________________
Parent or Guardian (please print)                                                      Date

__________________________________________________
Signature of Parent or Guardian

Participants will not be allowed to participate unless this form is signed.
Hamilton Football Prospect Day Clinic for athletes ages 15-18 • Application Form:

Name: __________________________________________ Age: ______ Grade Entering: __________________

Address: __________________________________________________________________________________________

City: __________________________ State: __________________________ Zip: ________________________________

Home Phone Number: ___________________________ Participant’s Cell Phone Number: _______________________

Parents’ Cell Phone Number: ___________________________ Participant’s Email: _____________________________

High School: ______________________________________________________________________________________

High School Address: _______________________________________________________________________________

City: __________________________ State: __________________________ Zip: ________________________________

Offensive Position: ___________________________ Defensive Position: ___________________________ Specialty: ___________________________

T-shirt Size: __________

Signature of Parent or Guardian: ________________________________________________________________

In case of Emergency, please notify: ____________________________________________________________________________

Attending: ____ May 13, 2018 or ____ July 29, 2018

Phone (where you can be reached during the clinic): _______________________________________________

_____ Number of additional lunches requested (not including camper) @ $6 per extra meal.

I give permission for my child to be photographed or videotaped. Please initial here: ______

Complete and return the application form, waiver, and registration fee to:

Matt Wright: Hamilton College Football, 198 College Hill Road, Clinton, New York 13323

Registration Fee: $50.00 preregistered. Please make checks payable to: Trustees of Hamilton College

[Hamilton College Football logo]

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