**Hamilton College Women’s Soccer Summer Clinic**

Players will be supervised and instructed by the Hamilton College Soccer Staff and members of the Hamilton College Soccer Team. Instruction and evaluation will be conducted through training sessions and games. Participants should wear soccer cleats and athletic clothing (shorts, t-shirts and/or sweats).

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

**Date and Time:** Sun - Mon, July 8-9th, 2018  
**Location:** Hamilton College – Love Field  
**For:** Summer Clinic 2018  
**Registration Fee:** $250

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: Colette Gilligan  
198 College Hill Road  
Clinton, NY 13323

Please call Colette Gilligan at 315-859-4643 with any questions.  
** Please make checks payable to “The Trustees of Hamilton College”**

<table>
<thead>
<tr>
<th><strong>WAIVER/RELEASE OF LIABILITY</strong></th>
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<tr>
<td>Child’s or Children’s Name (s): _______________________________ Grad Year __________________</td>
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| Complete Address: ___________________________________________________________________
| Home Phone: ______________________ Cell Phone: ________________________________ |
| Email address for Participant: ______________________________ Position: __________________ |
| Club Team _____________________________ T-Shirt Size __________________ |
| **Emergency Phone Number** where you can be reached during the clinic: ____________________________ |

As parent/guardian of the child/children named above, I understand the risks involved with my child attending the soccer skills clinic, sponsored by the Hamilton College Soccer team. I verify that my child has had a physical recently and may participate in all the activities of the soccer 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 Soccer team, shall be held harmless for injury, death or damage to property that occurs while my child is participating in the soccer 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 he/she suffers from any food allergies. This bag lunch must be clearly marked with my child’s name. I agree to allow my child to be photographed and/or videotaped for possible use in future print and online promotion of this camp.

Please check one of the following:

- My child has food allergies. I have provided a bag lunch marked with his/her name.
- My child has no food allergies and may eat lunch in the Hamilton College dining hall.

Parent/Guardian Signature: ___________________________ Date: ________________

Please Print Above Name: ___________________________

** Please check one of the following:**

- My child has food allergies. I have provided a bag lunch marked with his/her name.
- My child has no food allergies and may eat lunch in the Hamilton College dining hall.

Parent/Guardian Signature: ___________________________ Date: ________________

Please Print Above Name: ___________________________

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Parent/Guardian Signature: ___________________________ Date: ________________

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Parent/Guardian Signature: ___________________________ Date: ________________

Please Print Above Name: ___________________________

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