2018 Hamilton Field Hockey

7v7 Tournament

Hamilton College Field Hockey will be hosting a 7v7 Tournament, Sunday, April 29. Full teams and individuals for a house team may register to attend. Play will begin at 10:00 a.m. and continue with crossover play and a tournament championship. Please address any and all questions to Hamilton College Head Field Hockey Coach, Missy Mariano, at 315-859-4760 or mmariano@hamilton.edu.

DATE: Sunday, April 29, 2018
WHO: Full teams (any age group) or individuals (Grade 9-12) may register.
U19/Varsity
U16/JV
U14/Modified
TIME: 10:00 a.m. start with crossover play and tournament championship.
COST: $40 for each athlete, non-refundable
TO REGISTER:

For any athletes registering, please specify whether you are attending with a specific team or as an individual on the team form below. All athletes must also submit the included Waiver. High school and club teams may submit all registrations at one time. Team rosters, individual sign ups, and payments are due by April 15.

Mail completed form and payment to:
Missy Mariano, Athletics
Hamilton College Field Hockey
198 College Hill Road
Clinton, NY 13323
Checks Payable to: Trustees of Hamilton College
Hamilton Field Hockey 7v7 Tournament
Registration Form

Athlete Name: ________________________________________________________________

Address: ___________________________________________________________________
____________________________________________________________________________

Phone: _______________________________________________________________________

Email: ______________________________________________________________________

High School: ____________________________________________ HS Grad Year: __________

(Please check the appropriate box)
I will be attending the Hamilton Field Hockey 7v7 Tournament:

(   ) as a member of a team

Team Name: ________________________________________________________________

Coach’s Name: ______________________________________________________________

Coach’s Email: ______________________________________________________________

Coach’s Phone Number: _______________________________________________________

(   ) as an individual on the house team (only grades 9-12)

Team Name: HOUSE TEAM

Preferred Field Position: _______________________________________________________
HAMILTON WAIVER/RELEASE OF LIABILITY

**Field Hockey Players will not be permitted to participate without the completion of this form**

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 Field Hockey 7v7 Tournament. I verify my child has had a physical recently and may participate in all the activities of the Hamilton College Field Hockey 7v7 Tournament. I verify 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, employees, and the Hamilton Field Hockey Team shall be held harmless for injury, death, or damage to property that occurs while my child is participating in the Hamilton College Field Hockey 7v7 Tournament, 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 Field Hockey 7v7 Tournament.

Parent/Guardian Signature: ____________________________________________ Date: ___________________

Please Print Above Name: _____________________________________________

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

( ) I agree to allow my child to be photographed and/or videotaped for possible use in future online and print materials.

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