Hamilton Men’s Soccer Prospect Clinic
Sunday, July 29, 2018

Clinic Details: Our clinic is open to all high school sophomores (’20) and juniors (’19) interested in pursuing soccer at the collegiate level. All instruction will be provided by the Hamilton College Coaching Staff and current team members.

Cost: $125 which includes instruction, lunch with the Hamilton Coaches and players and a t-shirt.

Please send check payable to Trustees of Hamilton College.

Schedule:
Registration: 9:00-9:30 a.m.
In the Margaret Bundy Scott Fieldhouse
Session I: 9:30 a.m.-Noon
Lunch: Noon-2:00 p.m.
Admissions Campus Tour & “How to be a College Recruit” Discussion
Session II: 2:30-4:30 p.m.

Registration Form:

Name: __________________________________________
Address: __________________________________________
Phone: __________________________________________
E-mail: __________________________________________

☐ Check if Goalkeeper
Age: ______ Height: _______ HS Graduation Year: _______
High School: __________________________________________

Payment: ______ $125 Non-Refundable
(If paying by check, please make out to: Trustees of Hamilton College.)
T-Shirt Size: S M L XL (circle one)
Mail payment, registration form and waiver to:

Perry Nizzi, Head Men’s Soccer Coach
Hamilton College, 198 College Hill Road, Clinton, NY 13323

Questions? Call or e-mail Coach Nizzi at 315-859-4756 or pnizzi@hamilton.edu
Register: Complete the waiver and registration form. Mail both along with a check made payable to: Trustees of Hamilton College.

Mail payment, registration form and waiver to: Perry Nizzi, Head Men’s Soccer Coach
Hamilton College
198 College Hill Road
Clinton, NY 13323

Questions? Please contact Coach Nizzi at 315-859-4756 or pnizzi@hamilton.edu

**Soccer 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 Men’s Soccer Prospect Clinic. I verify that my child has had a physical recently and may participate in all the activities of the Hamilton College Men’s Soccer 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 men’s soccer team, shall be held harmless for injury, death or damage to property that occurs while my child is participating in the Hamilton College Men’s Soccer 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 Men’s Soccer Prospect Clinic.

Parent/Guardian Signature: ___________________________ Date: ___________________________

Please Print Above 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.

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.