Hamilton College
Men’s and Women’s
Golf Prospect Day
Yahnundasis Golf Course, New Hartford, NY
Friday, July 27, 2018

Details: Open to all high school athletes interested in pursuing golf at the collegiate level.

Cost: $150 includes lunch with the Hamilton Coaches, 18 hole golf round at the Yahnundasis Golf Club, range and short game practice, Hamilton Golf gear.

Please send check payable to Trustees of Hamilton College.

Schedule:
Hamilton College Campus:
10:00 Optional Campus Tour
(Please provide your own transportation to the course following the tour.)

Yahnundasis Golf Club:
11:30 Lunch Buffet and meet the Hamilton Coaching Staff
1:00 Range and Short Game
2:00 18 hole Round
Prizes for team event awarded directly following play.

Registration Form:

Name: _________________________________________________
Address: _______________________________________________
_______________________________________________________
Phone: ________________________________________________
E-mail: ________________________________________________
Age: _______ HS Graduation Year: _______________________
High School: __________________________________________
Golf Shirt Size: __________
Payment: ______ $150 Non-Refundable
(If paying by check, please make it out to: Trustees of Hamilton College.)

Mail to: Coach Lauren Cupp
Hamilton College, 198 College Hill Road
Clinton, New York 13323
Please complete and return the form below along with a check made payable to: Trustees of Hamilton College to:

Coach Lauren Cupp
Hamilton College Athletics, 198 College Hill Road, Clinton, NY 13323

**WAIVER/RELEASE OF LIABILITY**

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

Participant’s Name (s): ____________________________ Grad Year: ______________
Complete Address: _____________________________________________________________
Home Phone: ___________________________ Cell Phone: ___________________________
E-mail: _________________________________

☐ I agree to allow my child to be photographed and/or videotaped for possible use in future print and online promotion of this clinic. _____ (please initial)

Emergency Contact & Phone Number (person who can be reached during clinic):
__________________________________________________________________________

As parent/guardian of the child named above, I understand the risks involved with my child attending the Hamilton College Golf Prospect Clinic sponsored by the Hamilton College Golf Team. 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 Men’s and Women’s golf team, shall be held harmless for injury, death or damage to property that occurs while my child is participating in the golf clinic, except that which can be shown as negligence on the part of the College or its representatives.

Parent/Guardian Signature: ____________________________________________________

Date:_____________ Please Print Above Name: ____________________________________