



Hamilton College

Women's Soccer Two Day Clinic

NO OVERNIGHT HOUSING
([Click for Hotel Accommodations](#))



The clinic is open to all high school players, and is limited to the first 30 players to register.

This is an excellent opportunity for you to visit the Hamilton College campus and be instructed by the Hamilton Women's Soccer Staff.

If you are interested in attending our clinic, please complete and return the attached registration form along with a check for the cost of the clinic. We look forward to seeing you.

[Hamilton Women's Soccer Website](#)

No refund for inclement weather or for canceled reservations

Dates: July 10 - July 11 2016
Check-in: Sun, July 10th @ 2 pm.
Cost: \$250

Clinic Schedule

SUNDAY

2:00 - 2:45 pm	Registration - TBA
3:00 - 5:00 pm	Training Session
5:00 - 6:00 pm	Dinner in Commons
6:30 - 8:30 pm	11v11

DEPART CAMPUS - NO OVERNIGHT HOUSING

MONDAY

9:00-11.00 am	Training Session
11.30 - 1.00 pm	Lunch and Q & A
1:00- 2:00 pm	Tour of Campus by Admissions
2:30 -4:00 pm	11v11
4:00 pm	Closing Remarks

Contact:
Asst. Coach Sinead McSharry
315-859-4901
smcsharr@hamilton.edu

Hamilton College Women's Soccer Two Day 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: Sunday, July 10-11, 2016

Location: Hamilton College – Love Field

For: Summer Clinic 2016

Registration Fee: \$250

Pre-registration is recommended, as space is 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 *Sinead McSharry* at 315-859-4901 with any questions.

WAIVER/RELEASE OF LIABILITY

Child's or Children's Name (s): _____ Grad Year: _____

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.

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: _____

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

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