

HAMILTON

SOFTBALL

Indoor Winter Clinic Sunday, January 17, 2016



Join us Sunday, January 17 to improve your softball game with the Hamilton College coaching staff and current team members. The clinic will feature instruction for offensive and defensive skills at all positions, and full scrimmages. Space is limited, sign up today.

For any questions or to confirm receipt of your registration, please contact:
Patricia Cipicchio, Head Softball Coach, 315-859-4769 or pcipicch@hamilton.edu

What

Softball Indoor Winter Clinic

Where

Hamilton College, Scott Field House

Who

Athletes age 13-18

Dates and Times

Sunday, January 17, 2016
from 8:30 a.m. to 4 p.m.

Hosted by

Hamilton College coaches and team

Cost

\$90 includes lunch for player
and camp T-shirt

Please visit hamilton.edu/visit for local hotel options.

Registration: Please mail this completed form, payment, and medical waiver to: Patricia Cipicchio, Head Softball Coach, Hamilton College, 198 College Hill Rd, Clinton, NY 13323. Make checks payable to: Trustees of Hamilton College.

Name: _____ Grad Year: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Position(s): _____

High School: _____ T-Shirt Size: _____

Emergency Contact Name, Phone Number, Email: _____

Dietary considerations: _____

Hamilton Softball Indoor Winter Clinic

Pre-registration is required.
Complete and return the waiver below to:
Patricia Cipicchio, Head Softball Coach
Hamilton College
198 College Hill Road, 130 Alumni Gym
Clinton, New York 13323

Please call Coach Cipicchio at 704-607-0145 with any questions.

****Softball 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: _____

Emergency contact name and phone number for use during clinic:

As parent/guardian of the child named above, I understand the risks involved with my daughter participating in the Hamilton Softball Indoor Winter Clinic, sponsored by Hamilton College. I verify that my daughter has had a physical recently and may participate in all the activities of the Hamilton Softball Indoor Winter 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 softball team, shall be held harmless for injury, death or damage to property that occurs while my child is participating in the softball 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 Softball Indoor Winter Clinic.

Parent/Guardian Signature: _____ **Date:** _____

Print Above Name: _____

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

