Hamilton
Men's Soccer Prospect Clinic
Sunday, April 27, 2014

Clinic Details: Our clinic is open to all high school sophomores ('16) and juniors ('15) 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.
Campus Tour & College Soccer Discussion
Session II: 2:30-4:30 p.m.

Be sure to sign up early, limited space!

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.)

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 email Coach Nizzi at 315-859-4756
or pnizzi@hamilton.edu

Accommodations:

Arbor Inn at Griffin House
3919 Griffin Road
Clinton, NY 13323
888-424-3074 or 315-859-1790
Distance from campus: 1/2 mile

Fairfield Inn & Suites
5280 Willow Place
Verona, NY 13478
800-228-2800 or 315-363-8888
Distance from campus: 12 miles

Hampton Inn New Hartford
201 Woods Park Drive
New Hartford, NY, 13323
315-793-1600
Distance from campus: 6 miles

Ramada Inn, New Hartford
141 New Hartford Street
New Hartford, NY 13413
315-735-3392
Distance from campus: 8 miles

For more hotel options go to:
www.hamilton.edu/admission/visiting/accommodations

The Hamilton College Admission's office is hosting a Junior Preview Day on Saturday, April 26th. Check out www.hamilton.edu/admission for more information and to register.

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Register: Complete the waiver and registration form. Mail both along with a check made payable to: Trustees of Hamilton College.

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198 College Hill Road
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*****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: _____

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.