

Part III. Consent, General Release, Indemnity and Medical Authorization

I, the parent/guardian of the Registrant, a minor, do hereby consent to the Registrant's participation in the above-described Program (the "Program"). In consideration of the acceptance of the Registrant to participate in the Program, on my own behalf and on behalf of the minor Registrant, I do hereby waive, release and forever discharge Trinity College and/or the Program Sponsor and any of its or their trustees, officers, directors, agents, servants, employees, representatives, independent contractors, volunteers, successors and assigns (collectively the "Releasees") from any and all claims, causes of action, demands, damages, liabilities, expenses, suits, actions and/or judgments whatsoever which may arise out of or in connection with the Registrant's participation in the Program, including, without limitation, any and all claims for personal or bodily injuries, death or property damage, any and all claims against the owners and/or operators of any of the premises, facilities and/or equipment utilized in the Program and any and all claims for negligence against any of the Releasees arising from any acts or omissions to act by any of the Releasees. Furthermore, on my own behalf and on behalf of the minor Registrant, I do hereby agree to defend, hold harmless and indemnify the Releasees from any and all claims, demands, causes of action, damages, liabilities, expenses (including, without limitation, any attorney's fees and costs), suits, actions and/or judgments which may arise out of or in connection with the Registrant's participation in the Program.

In addition, if the Registrant should require any emergency medical procedures or treatment during participation in the Program, I consent to representatives of Trinity College and/or the Program Sponsor taking, arranging for or consenting to such procedures or treatment in his/her discretion. I understand that I will be responsible for payment of any expenses relating to such treatment and that it is my responsibility to ensure that I have medical insurance coverage for such expenses.

In witness whereof, I have freely and voluntarily executed this Consent, General Release, Indemnity and Medical Authorization on behalf of the minor Registrant, _____, on this _____ day of _____, 2009.

Signature: _____

Print Name: _____

Parent/Guardian

**Please return this application with full
payment in return envelope. Any Questions
call the Football Office (860) 297-4138.**

DRIVING DIRECTIONS:

From the west: (NY via I-84, Danbury, etc.) Take I-84 East to exit 48, Capitol Avenue. At the traffic light at the end of the exit ramp turn left. Go to the 1st traffic light (Washington St) and turn right (at statue of Lafayette on horse). Proceed straight ahead on Washington St. for 8 traffic lights (1.1 miles), passing hospital complex on left. At 8th traffic light, turn right onto New Britain Ave. Go 0.3 miles to the next traffic light, at Broad St. Turn right onto Broad St, look for the Trinity College entrance marked by two brick pillars, turn left into the driveway. Athletic complex is on your right.

From the east: (Boston, etc.) Take I-84 West and keep to the right once you reach Hartford and travel through a short tunnel. After the tunnel take exit 48, Asylum Ave. At the end of the exit, turn left onto Asylum St. Staying in the right lane, follow the roadway to the right, hugging Bushnell Park. Bear right through the brownstone arch onto Trinity St. Staying in the left lane, go to the 2nd stop light. The Bushnell Memorial Hall will be on your left, the State Capitol on your right. Turn left past the statue of Lafayette on horseback onto Washington St. Proceed straight ahead on Washington St for 8 traffic lights (total of 1.1 miles), passing hospital complex on left. At 8th light, turn right onto New Britain Ave. Go 0.3 miles to the next traffic light, at Broad St. Turn right onto Broad St, look for the Trinity College entrance marked by two brick pillars, turn left into the driveway.

From the south: (New Haven, NY, etc.) Take I-91 North to I-84 West, then follow the directions "From the east."

From the north: (Springfield, Bradley Airport, etc.) Take I-91 South to I-84 West, then follow the directions "From the east."



Trinity College
Ferris Athletic Center
300 Summit Street

Hartford, CT 06106
Phone (860) 297-4138
Fax (860) 297-2492

TRINITY COLLEGE

FOOTBALL SKILLS CLINIC



August 1st, 2009

TRINITY COLLEGE FOOTBALL SKILLS CLINIC

ABOUT THE CLINIC:

This clinic is designed to assist participants in improving basic skills for all positions in the sport of football with the exception of kickers and punters. It will also provide information to help you better understand the recruiting process.

WHEN:

The clinic will be held Saturday, August 1st, 2009. Registration will begin promptly at 12:00 pm.

WHERE:

The clinic will be located on the Trinity College campus, at the Jesse/Miller Football Stadium. Registration for the Clinic will be at the main entrance to the stadium

WHO MAY ATTEND:

All boys who have not yet entered their senior year of high school.

EQUIPMENT NEEDED:

1. T-Shirt and Shorts
2. Sneakers and Cleats

COST:

Pre-Registration = \$25.00
Registration on Day of Clinic = \$30.00

*Cost covers insurance for the clinic.
Checks should be made payable to:
Jeff Devanney Trinity Football

SCHEDULE:

Registration	12:00 – 1:00
Introduction	1:10 – 1:30
Warm Up	1:30 – 1:45
Skills (Agilities)	1:45 – 2:30
Defensive Positions	2:30 – 3:30
Offensive Positions	3:30 – 4:30
General Recruiting Talk	4:30 – 5:00

TRINITY COLLEGE FOOTBALL SKILLS CLINIC

Please complete all sections of this application. Incomplete registration form will not be accepted.

(Please type or print.)

Part I. STUDENT INFORMATION

Name _____

Home Address _____

City _____

State _____ Zip _____

Home Phone (____) _____

Emergency Phone (____) _____

High School _____

Year of Graduation _____

Position (please circle Offense and Defense Positions)

QB RB WR TE OL DL LB DB

Part II. EMERGENCY INFORMATION

Family Physician is: _____

Phone: _____

Medical Ins. Co.: _____

Policy Number: _____

Plan / Group #: _____

* Please list any serious medical conditions:

PLEASE READ AND COMPLETE REVERSE SIDE