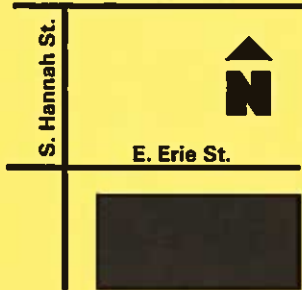




ALBION

Dow
Ungrodt Tennis Center
Dean Aquatic Center
415 S. Hannah St.
Albion, MI 49224

E. Michigan Ave.



FREE

ALBION COLLEGE SPORT CLINICS

Sponsored by the Student-Athlete Advisory Committee

Learn technique from college athletes in all sports

Clinics will be held at the Dow.

January 21 – Track & Field and Cross Country 10 a.m.-12 p.m.

January 28 – Lacrosse 10 a.m.-12 p.m.

February 4 – Tennis (20 max each session)

SESSION 1: 9:45 a.m.-10:45 a.m., SESSION 2: 11 a.m.-12 p.m.

February 11 – Baseball & Softball (max 80) 10-12

February 18 – Volleyball (max 80) 10-12

February 25 – Swimming (40 max each session)

SESSION 1: 9:45 a.m.-10:45 a.m., SESSION 2: 11 a.m.-12 p.m.

March 18 – Golf (30 max each session)

SESSION 1: 9:45 a.m.-10:45 a.m., SESSION 2: 11 a.m.-12 p.m.

March 25 – Soccer (max 80) 10 a.m.-12 p.m.

April 8 – Basketball (80 max) 10 a.m.-12 p.m.

April 22 – Football 10 a.m.-12 p.m.

Ages 4-11. All participants receive a light lunch and a signed Albion College poster specific to the clinic sport. Kids who attend 6 clinics receive special giveaways. Please bring clean dry athletic shoes.

Register online at gobrits.com/information/SAAC/clinics or contact Melissa Walton, Senior Associate Athletic Director at 517-629-0593 or email mwalton@albion.edu.

ALBION COLLEGE SPORT CLINICS

****WAIVER MUST BE FILLED OUT COMPLETELY TO PARTICIPATE****

Authorization for Emergency Care and Treatment. I authorize Albion College and SAAC employed representatives , and by any person with staff responsibility in the Albion College SAAC Clinic/Camp Series, to obtain emergency medical, dental, optical or other emergency care for my child named below. **Release from Liability, Waiver of Right to Sue.** In consideration of my child's participation in this program, I release and discharge Albion College, each Albion College employee and SAAC employee who conducts any activity in which my child may take part, from any and all claims, demands, damages, rights of action or causes of action that might otherwise accrue to my child now and later.

Participant _____

School District _____

Home Phone _____

Work/Cell Phone _____

Health Insurance _____

Policy Number _____

Signature of Parent _____