

OXFORD SCHOOL DEPARTMENT
OXFORD, MASSACHUSETTS

TO: MALE STUDENTS (AGES 8-17) AND PARENTS
FROM: DR. ELIZABETH ZIELINSKI, SUPERINTENDENT OF SCHOOLS
RE: ANNUAL BOYS' BASKETBALL CLINIC - 2019

The Oxford School Committee will again, this summer, sponsor a Boys' Basketball Clinic to be held at Oxford High School.

The Basketball Clinic will be for four days, July 8 – 11 and will cost **\$80.00 per child**. The clinic's director, days and times are as follows:

Clinic Director: Coach David Aldrich

Dates: July 8, 9, 10 9 AM – 3 PM
July 11 9 AM-1PM

Attendees should bring a bag lunch. Sports drinks and water are available.

(PLEASE DETACH AND RETURN BOTTOM PORTION ONLY)

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**REGISTRATION FORM –BOYS' BASKETBALL CLINIC, 2019**

**PLEASE COMPLETE THE FOLLOWING APPLICATION AND RETURN WITH AN \$80.00 CHECK. THE FEE FOR EACH ADDITIONAL CHILD IN THE SAME FAMILY WILL BE \$70.00. Return application and checks, MADE OUT TO THE TOWN OF OXFORD, to the Superintendent of Schools Office, 4 Maple Road, Oxford, MA 01540**

**Boys' Basketball Clinic, July 8 – 11 (Mon., Tues., Wed., Thurs.)**

Participants registered 10 days before the camp begins are guaranteed to receive a T-shirt the week of the camp. Registering inside of 10 days may require an additional order and delivery cannot be guaranteed the week of the camp.

NAME: \_\_\_\_\_ T-SHIRT SIZE: S M L XL XXL  
(ADULT MENS SIZES)

GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
street city state zip

HOME TELEPHONE: \_\_\_\_\_ Number to be reached during day: \_\_\_\_\_

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The applicant is in good health. In case of medical emergency, I understand every attempt will be made to contact parents or guardians. If they cannot be reached, I hereby give my permission to the clinic staff to provide emergency medical care to my son in case of injury or illness. I agree not to hold the Oxford Boys' Basketball Clinic Staff, the Oxford School Department or the Town of Oxford responsible for any, dental or bodily injury that may occur to my son while attending the basketball clinic.
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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date