OXFORD SCHOOL DEPARTMENT
OXFORD, MASSACHUSETTS

TO: MALE STUDENTS (AGES 8-17) AND PARENTS

FROM: DR. MARK GARCEAU, SUPERINTENDENT OF SCHOOLS

RE: **ANNUAL BOYS' BASKETBALL CLINIC - 2017**

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 17 – 20 and will cost **<u>$80.00 per child</u>**. The clinic's director, days and times are as follows:

Boys' Basketball Clinic	Ages 8-17	Coach Anthony McDonald

Dates: July 17, 18, 19 9 AM – 3 PM
July 20 9 AM-1PM
(Thursday July 20 11:30 AM -1PM………..Demonstrations, Contests, and Awards Presentation)

<u>Attendees should bring a bag lunch. Sports drinks and water are available.</u>

(PLEASE DETACH AND RETURN BOTTOM PORTION ONLY)

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<u>REGISTRATION FORM –BOYS' BASKETBALL CLINIC, 2017</u>

<u>PLEASE COMPLETE THE FOLLOWING APPLICATION AND RETURN WITH AN $80.00 CHECK. THE FEE FOR EACH ADDITIONAL CHILD IN THE SAME FAMILY WILL BE $10.00 LESS.</u> *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 17 – 20 (Mon., Tues., Wed., Thurs.)

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