

**OXFORD PUBLIC SCHOOL DISTRICT
OXFORD, MASSACHUSETTS**

TO: STUDENTS (AGES 8-17) AND PARENTS

RE: ANNUAL FIELD HOCKEY CLINIC - 2021

The Oxford Public Schools will sponsor a **Field Hockey Clinic** to be held this summer at Oxford High School. The clinic will be held three days, July 6, 7, & 8, and will cost **\$50.00 per child**.

Clinic Director: Coach Lauren Pietro

Dates/Times: July 6 & 7 8 AM - 12 Noon
July 8 8 AM - 2 PM

Attendees should bring a light snack and plenty of fluids to drink.

(PLEASE DETACH AND RETURN BOTTOM PORTION ONLY)

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REGISTRATION FORM

FIELD HOCKEY CLINIC - 2021

**PLEASE COMPLETE THE BELOW INFORMATION AND RETURN THIS BOTTOM PORTION
ALONG WITH A CHECK FOR \$50.00 MADE PAYABLE TO: TOWN OF OXFORD.
RETURN TO: Central Administration Office, Oxford Public Schools, 4 Maple Road, Oxford, MA 01540
THE FEE FOR EACH ADDITIONAL STUDENT IN THE SAME FAMILY IS \$45.00.**

Field Hockey Clinic, July 6, 7, & 8 (Tuesday/Wednesday/Thursday)

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

CHILD'S NAME: _____ T-SHIRT SIZE: S M L XL XXL
(ADULT MENS SIZES)

GRADE: _____ AGE: _____ HEIGHT: _____

ADDRESS: _____
street city state zip

PARENT/GUARDIAN PHONE NUMBER TO BE REACHED AT DURING THE DAY: _____

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The applicant is in good health. In case of a medical emergency, I understand that every attempt will be made to contact parents or guardians at the telephone number listed above. If they cannot be reached, I hereby give my permission to the clinic staff to provide emergency medical care to my child in case of injury or illness. I agree not to hold the Oxford Field Hockey Clinic staff, the Oxford Public School District, or the Town of Oxford responsible for any dental or bodily injury that may occur to my child while attending the Field Hockey Clinic.

Parent/Guardian Signature Date