OXFORD SCHOOL DEPARTMENT
OXFORD, MASSACHUSETTS

TO: STUDENTS (AGES 8-17) AND PARENTS

FROM: DR. MARK GARCEAU, SUPERINTENDENT OF SCHOOLS

RE: **ANNUAL FIELD HOCKEY CLINIC - 2017**

The Oxford School Committee will, this summer, sponsor a **Field Hockey Clinic** to be held at Oxford High School.

The Field Hockey Clinic will be for four days, July 3,5,6,7 and will cost **$50.00 per child**. The clinic's director, days and times are as follows:

Field Hockey Clinic Ages 8-17 Coach Kadye McCarthy

Dates: July 3,5, 6, & 7 8 AM – 12 Noon

(Friday July 7 11:00-12 Noon……..Demonstrations, Contests, and Awards Presentation)

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

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(PLEASE DETACH AND RETURN BOTTOM PORTION ONLY)

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REGISTRATION FORM – FIELD HOCKEY CLINIC, 2017

PLEASE COMPLETE THE FOLLOWING APPLICATION AND RETURN WITH A $50.00 CHECK. THE FEE FOR EACH ADDITIONAL CHILD IN THE SAME FAMILY WILL BE $5.00 LESS. *Return application and checks,* ***MADE OUT TO THE TOWN OF OXFORD,*** *to the Superintendent of Schools Office, 4 Maple Road, Oxford, MA 01540*

Field Hockey Clinic, July 3,5,6,7 (Mon., Wed., Thurs., Fri.)

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 daughter in case of injury or illness. I agree not to hold the Oxford Field Hockey Clinic Staff, the Oxford School Department or the Town of Oxford responsible for any, dental or bodily injury that may occur to my daughter while attending the Field Hockey Clinic.

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_____ _____
Parent/Guardian Signature Date