

OXFORD SCHOOL DEPARTMENT
OXFORD, MASSACHUSETTS

TO: FEMALE STUDENTS (AGES 8-17) AND PARENTS
FROM: DR. KRISTINE NASH, SUPERINTENDENT OF SCHOOLS
RE: ANNUAL GIRLS' BASKETBALL CLINIC - 2018

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

The Basketball Clinic will be for four days, June 25 - 28 and will cost **\$80.00 per child**. The clinic's director, days and times are as follows:

Clinic Director: Coach Joe Pietrzak
Dates: June 25, 26, 27 9 AM – 3 PM
June 28 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 –GIRLS' BASKETBALL CLINIC, 2018**

**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*

**Girls' Basketball Clinic, June 25 - 28 (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 daughter in case of injury or illness. I agree not to hold the Oxford Girls' Basketball 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 basketball clinic.

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date