OXFORD PUBLIC SCHOOL DISTRICT
OXFORD, MASSACHUSETTS

TO: **FEMALE STUDENTS (AGES 8-17) AND PARENTS**

RE: **ANNUAL GIRLS' BASKETBALL CLINIC - 2021**

The Oxford Public Schools will sponsor a **Girls' Basketball Clinic** to be held this summer at Oxford High School. The Clinic will be held 4 days, July 26-29, and will cost **$80.00 per child**.

Clinic Director: Coach Joe Pietrzak

Dates/Times: July 26, 27, 28 9 AM - 3 PM
July 29 9 AM - 1 PM

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 - 2021

PLEASE COMPLETE THE BELOW INFORMATION AND RETURN THIS BOTTOM PORTION ALONG WITH A CHECK FOR $80.00 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 $70.00.

Girls' Basketball Clinic, July 26 - 29 (Monday/Tuesday/Wednesday/Thursday)

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.

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 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 child while attending the Basketball Clinic.

_____ _____
Parent/Guardian Signature Date