

OXFORD SCHOOL DEPARTMENT
OXFORD, MASSACHUSETTS

TO: FEMALE STUDENTS (AGES 8-17) AND PARENTS
FROM: DR. MARK GARCEAU, SUPERINTENDENT OF SCHOOLS
RE: ANNUAL GIRLS' BASKETBALL CLINIC - 2017

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

This clinic is for GIRLS ONLY!

The Basketball Clinic will be for four days, June 26 - 29 and will cost **\$80.00 per child**. The clinic's director, days and times are as follows:

Girls' Basketball Clinic	Ages 8-17	Coach Joe Pietrzak
	Dates: June 26, 27, 28	9 AM – 3 PM
	June 29	9 AM - 1PM
(Thursday July 20 11:30 AM -1PM.....Demonstrations, Contests, and Awards Presentation)		

Attendees should bring a bag lunch. Sports drinks and water are available

(PLEASE DETACH AND RETURN BOTTOM PORTION ONLY)

REGISTRATION FORM –GIRLS' BASKETBALL CLINIC, 2017

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. *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 26 - 29 (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: _____

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.

Parent/Guardian Signature

Date