





# EDINBORO RECREATION DEPARTMENT

## 3 ON 3 BASKETBALL

### June 2024



Sun	Mon	Tues	Wed	Thurs	Fri	Sat
<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>
	4th to 7th grade 9 -10:45 am  8th to 12th grade 6:30 to 8 pm	4th to 7th grade 9 -10:45 am  8th to 12th grade 6:30 to 8 pm	4th to 7th grade 9 -10:45 am  8th to 12th grade 6:30 to 8 pm	4th to 7th grade 9 -10:45 am	4th to 7th grade 9 -10:45 am   Rain day 4th to 7th grade 9 -10:45 am	
<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>
	4th to 7th grade 9 -10:45 am  8th to 12th grade 6:30 to 8 pm	4th to 7th grade 9 -10:45 am  8th to 12th grade 6:30 to 8 pm	4th to 7th grade 9 -10:45 am  8th to 12th grade 6:30 to 8 pm	4th to 7th grade 9 -10:45 am	4th to 7th grade 9 -10:45 am   Rain day 4th to 7th grade 9 -10:45 am	
<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>
	8th to 12th grade 6:30 to 8 pm	8th to 12 grade 7 to 9 pm double elimination	<b>Rain day for 8th to 12th</b>	<b>X no play</b>	<b>Rain day for 8th to 12th</b>	

The clinic will not go beyond June 28th

**TIME:** Entering (4th & 5th) (6th & 7th) 9 to 10:45 am Entering **8th to 12th 6:30 to 8 pm**

**GOALS :** To improve fundamentals and know the importance of teamwork.

**DIVISIONS COED:** (4th & 5th), (6th & 7th grade), (8th, 9th, 10th, 11th & 12th grade).

**OPTIONAL:** 8th grade girl can choose to stay down with 6 & 7th grade or move up to 8, 9, 10, 11, 12th grade.

**WHERE:** At the outdoor basketball courts next to Fire Hall in Downtown Edinboro.

**TEAMS:** Teams will have up to four players on a roster. Players will be rated by camp directors and peers. The lowest rated player will draft first and choose two players. If just teams of three a draft that creates a fair level of play will be created. All players will play equal amount of time. Players who are going to miss the last day of camp (playoffs) will be super subs, in other words, super subs will play on different teams, based on other players being absent.

**FEE:** The total fee for 8 days is **\$45 FOR A NON-RESIDENT. \$40 FOR A EDINBORO BOROUGH PARTICIPANT.** Anyone entering 4th to 8th who registers by June 7th will receive a basketball. Clinic will provide basketballs for high school participants to use. Family packages includes \$5 off 2nd family member and for each additional.

**T-SHIRTS:** Will be awarded in each division for 3 on 3 champs. MVP's for both boys and girls, plus hustle recognition will be awarded with gatorade hustlers of the day in 4th through 7th grade.

\*\* Late registration will not receive a basketball for grades 4 through 8th.

**REGISTRATION: Make checks payable to: Andy Schulz or Bob Jahn**

**BB** Forms should be mailed to: Bob Jahn/3 on 3 BB  
4720 Kinter Hill Road  
Edinboro, Pa 16412

QUESTIONS: Call Andy Schulz (814) 881-2174 or Bob Jahn (814) 734-1364

Any **non-resident** - with 4 or 5 house numbers(Washington Twp. etc.), **EXAMPLE 5270 SHERROD RD**

\$45 \_\_\_\_\_  
(2nd family member) non-resident \$40 \_\_\_\_\_  
(3rd family member etc.) non-resident \$40 \_\_\_\_\_

Edinboro Borough **residence with** 3 house numbers,

**EXAMPLE 128 WATER STREET**

\$40 \_\_\_\_\_  
(2nd family member) \$35 \_\_\_\_\_  
(3rd family member etc.) \$35 \_\_\_\_\_



Participant name \_\_\_\_\_ 2nd family name \_\_\_\_\_

Grade entering \_\_\_\_\_ Grade entering \_\_\_\_\_

Contact cell # \_\_\_\_\_ - \_\_\_\_\_ Contact phone # \_\_\_\_\_ - \_\_\_\_\_

Address Street # \_\_\_\_\_ Road \_\_\_\_\_

AMOUNT ENCLOSED \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_\_\_

**INSURANCE:** A individual is admitted only upon condition that he or she has accident insurance.

Name of Insurer \_\_\_\_\_ Employers Name \_\_\_\_\_

Parents or Guardian's name (PRINT) \_\_\_\_\_

**DISCIPLINE:** Any violation of clinic regulations, such as damage or litter to the park or field, disrespect to coaches or other behavior detrimental to the group will result in dismissal from the clinic. If a player is dismissed, injured or withdraws from the clinic, **there will be no refund.**

**WAIVER OR RELEASE:** We hereby give our consent and approval to the participation of the applicant in the program conducted by the Edinboro Recreational Department, and hereby waive, release and forever discharge said organization from any and all claims for damages occurring from accident injury to persons or loss of personal property occurring during their participation in any activities or arising from traveling to or from activities whether said accident, injury, or loss is due to negligence or not. I give my permission for my son/daughter to be treated by a qualified athletic trainer or licensed physician.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_ 2024