



EDINBORO RECREATION DEPARTMENT

3 ON 3 BASKETBALL

June 2023



Sun	Mon	Tues	Wed	Thurs	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	
18	19	20	21	22	23	24
	Little Dribbler's 9:00-10:00am 4th to 7th grade 9:30-11:15 am 8th to 12th grade 6 to 7:45 pm	4th to 7th grade 9:30-11:15 am 8th to 12th grade 6 to 7:45 pm	Little Dribbler's 9:00-10:00am 4th to 7th grade 9:30-11:15 am 8th to 12th grade 6 to 7:45 pm	4th to 7th grade 9:30-11:15 am 8th to 12th grade 6 to 7:45 pm	Rain day	
25	26	27	28	29	30	31
	4th to 7th grade 9:30-11:15 am 8th to 12th grade 6 to 7:45 pm	Little Dribbler's 9:00-10:00am 4th to 7th grade 9:30-11:15 am 8th to 12th grade 6 to 7:45 pm	4th to 7th grade 9:30-11:15 am 8th to 12th grade 6 to 7:45 pm	4th to 7th grade 9:30-11:15 am 8th to 12th grade 6 to 7:45 pm	Rain day	

The clinic will not go beyond June 30th

TIME: Entering (4th & 5th) (6th & 7th) 9:30 to 11:15 am Entering 8th to 12th 6 pm to 7:45 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. (Subject to change to create a fair level of play) 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 **\$43 FOR A NON-RESIDENT. \$35 FOR A EDINBORO BOROUGH PARTICIPANT.** Anyone entering 4th to 8th who registers by June 15th 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. Also, hustle and MVP's for both boys and girls in 4th through 7th grade.

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

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

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



Participant name _____ 2nd family name _____
Grade entering _____ Grade entering _____
Contact cell # _____ - _____ Contact phone # _____ - _____
Address Street # _____ Road _____

ANY Non-Resident - (Washington Twp. etc.) 4 or 5 house numbers, example 5070 Gibson Hill Rd

\$43 _____
(2nd family member) non-resident **\$38** _____
(3rd family member etc.) non-resident **\$38** _____

Edinboro Borough residence - 3 house numbers, example 128 Water Street **\$35** _____

(2nd family member) \$30 _____
(3rd family member etc.) \$30 _____

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 _____ 2023