



# EDINBORO RECREATION DEPARTMENT

## 3 ON 3 BASKETBALL

### June 2021



Sun	Mon	Tues	Wed	Thurs	Fri	Sat
		1	2	3 students last day of school	4 teachers last day of school	<b>5</b>
<b>6</b>	7	8	9	10	11	<b>12</b>
<b>13</b>	14 8th to 12th grade 10 am to 11:45 4th to 7th grade 12-1:45 p.m	15 8th to 12th grade 10 am to 11:45 4th to 7th grade 12 -1:45 p.m	16 8th to 12th grade 10 am to 11:45 4th to 7th grade 12 to 1:45 pm	17 8th to 12th grade 10 am to 11:45 4th to 7th grade 12 to 1:45	18 <b>Rain day</b>	<b>19</b>
<b>20</b>	21 8th to 12th grade 10 am to 11:45 4th to 7th grade 12-1:45 p.m	22 8th to 12th grade 10 am to 11:45 4th to 7th grade 12-1:45 p.m	23 8th to 12th grade 10 am to 11:45 4th to 7th grade 12-1:45 p.m	24 8th to 12th grade 10 am to 11:45 4th to 7th grade 12-1:45 p.m	25 <b>Rain day</b>	<b>26</b>

The clinic will not go beyond June 25th

**TIME:** Grade 8th to 12th 10 to 11:45 a.m. 6th + 7th 12 to 1:45 p.m. 4th & 5th 12 to 1:45 p.m.

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

**DIVISIONS COED:** Small college 4th & 5th, grade. Major college 6th & 7th grade. Pro 8th, 9th, 10th, 11th & 12th grade.

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

**WHERE:** At the outdoor basketball courts behind Pizza Hut in Downtown Edinboro. Truly, a first class outdoor basketball facility.

**TEAMS:** Teams will have up to four players on a roster. Each player may choose a partner, though not required. Partners will be rated by camp directors and peers. The lowest rated partners will draft first and choose two players. 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 **\$35 FOR A EDINBORO BOROUGH PARTICIPANT AND \$43 FOR A NON- RESIDENT.** Anyone entering 4th to 8th who registers by June 11th will receive 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 881-2174 or Bob Jahn 734-1364



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

Edinboro Borough 3 house numbers	123 Main Street	<b>\$35</b> _____
(2nd family member)	Edinboro Borough	<b>\$30</b> _____
Non-Resident (Washington Twp. etc.)	4 or 5 house numbers 4720 Kinter Hill Road	<b>\$43</b> _____
(2nd family member)	non-resident	<b>\$38</b> _____

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 \_\_\_\_\_ 2021

## Borough of Edinboro 3 on 3 Basketball Participation Waiver for Communicable Diseases Including COVID-19

While it is not possible to eliminate all risk of furthering the spread of COVID-19, the Borough of Edinboro will take necessary precautions and comply with guidelines from the federal, state, and local governments, CDC, and PA DOH to reduce the risks to students, coaches, and their families. As knowledge regarding COVID-19 is constantly changing, the Borough of Edinboro reserves the right to adjust and implement precautionary methods as necessary to decrease the risk of exposure for our staff, students, and spectators.

The Borough of Edinboro intends to implement the same COVID-19 precautionary measures utilized by the General McLane Basketball teams during the 2020-2021 school year. Precautions taken include but may not be limited to:

1. Health screenings prior to any practice, event, or team meeting with participation in the activities being limited and/or prohibited where an individual displays positive responses or symptoms.
2. Encourage social distancing when not actively engaged in athletic activities.
3. Promote healthy hygiene practices such as hand washing, using hand sanitizer, etc.
4. Require Athletes and Coaches to provide their own water bottle for hydration.
5. Optional mask use at the discretion of the undersigned and the Coaches.

By signing this form, the undersigned voluntarily agree to the following Waiver and release of liability. The undersigned agree to release and discharge all claims for ourselves, our heirs, and as a parent or legal guardian for the Student named below, against the Borough of Edinboro, its Council Members, successors, assigns, officers, agents, employees, and volunteers and will hold them harmless from any and all liability or demands for personal injury, psychological injury, sickness, death, or claims resulting from personal injury or property damage, of any nature whatsoever which may be incurred by the Student or the undersigned relating to or as a result of the Student's participation in athletic programs, events, and activities during the COVID-19 pandemic.

The undersigned acknowledge that participating in athletic programs, events, and activities may include a possible exposure to a communicable disease including but not limited to MRSA, influenza, and COVID-19. The undersigned further acknowledge that they are aware of the risks associated with COVID-19 and that certain vulnerable individuals may have greater health risks associated with exposure to COVID-19, including individuals with serious underlying health conditions. While particular recommendations and personal discipline may reduce the risks associated with participating in athletics during the COVID-19 pandemic, the risk of serious illness, medical complications and possible death does exist. **Finally, the undersigned acknowledges that participation in this activity will include close physical contact with others during athletic activities which may involve sweating, heavy breathing, and other forms of potential contact with bodily fluids that could lead to the transfer of communicable diseases. The undersigned and the named student(s) accept the risk associated with contact during athletics.**

We knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for Student's participation in athletics during the COVID-19 pandemic. We willingly agree to comply with the stated recommendations put forth by the Borough of Edinboro to limit the exposure and spread of COVID-19 and other communicable diseases. We certify that the Student is in good physical condition or believe the Student to be in good physical condition and allow participation in this sport at our own risk.

Student Name(s): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_