



# 2022 EDINBORO SHOOTOUT

BOYS AND GIRLS – JV and VARSITY DIVISIONS

SATURDAY, JULY 16<sup>th</sup> and SUNDAY, JULY 17<sup>th</sup>, 2022

Edinboro University, Edinboro PA

All teams are guaranteed 3 games per day. Teams have the option of attending a one day or both days. Cost for one day is \$225 and for two days \$375. PIAA officials will referee all games. All games will be played on the campus of Edinboro University. Teams will have the option of playing in either the big school or small school divisions. An email will be sent to all coaches indicating their game schedule by Weds, July 13<sup>th</sup>. Schedules will also be posted on [www.aydbasketball.com](http://www.aydbasketball.com) Games will start at 9:00 AM each day.

|                     |                |              |                      |
|---------------------|----------------|--------------|----------------------|
| AYD Directors       | Kraig Hetz     | 814-431-9576 | hetz21@verizon.net   |
| Contact Information | Terry Thompson | 814-572-4746 |                      |
|                     | Bob Amendola   | 814-450-1178 | ramendola1@gmail.com |

Attached waiver needs to be filled out for each player that will be participating. Please make checks payable to **Terry Thompson**. Registration and payment should be sent to the following address: **Terry Thompson, 1110 Lawrence Court, Girard PA 16417**. Registration deadline July 9<sup>th</sup>, 2022

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## 2022 EDINBORO SHOOTOUT REGISTRATION FORM

HIGH SCHOOL TEAM NAME \_\_\_\_\_

HEAD COACH NAME \_\_\_\_\_ PHONE # (include area code) \_\_\_\_\_

HEAD COACH EMAIL (Print) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

DATE(s) ATTENDING: SAT, JULY 16 \_\_\_\_\_ SUN, JULY 17 \_\_\_\_\_

GENDER Boys \_\_\_\_\_ Girls \_\_\_\_\_ LEVEL (circle) JV Varsity

DIVISION (circle) Big School \_\_\_\_\_ Small School \_\_\_\_\_

SPECIAL REQUESTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# 2022 EDINBORO SHOOTOUT

## Parent/Guardian Authorization

I hereby approve my child's participation in the Achieve Your Dreams Boys' and Girls' Basketball summer camp and verify that he or she is in good health and able to participate in programs and activities. I authorize that the directors act for me according to their best judgment in any emergency requiring medical attention for which service I will pay. It is expressly agreed that all participation in activities shall be undertaken by me at the sole risk and that the academy, it's directors, servants, agents or any such employee shall not be liable to me for any claims, demands, injuries, damages, actions or causes of action to my person or property arising out of use in the academy by me.

**Signature of Player (ink only)**

X \_\_\_\_\_

**Signature of Parent or Guardian (ink only)**

X \_\_\_\_\_