

# 2017 KEYSTONE STATE BOYS' TEAM CAMP PLAYER APPLICATION

Location:	Date(s)	Price (If paid <u>before</u> June 15)	Price (If paid <u>after</u> June 15)
<b>Susquehanna University</b>	<b>July 28-30 (3-day)</b>	<b>\$215</b>	<b>\$240</b>
<b>Edinboro University</b>	<b>July 7-9 (3-day)</b>	<b>\$215</b>	<b>\$240</b>

(PLEASE PRINT CLEARLY) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Emergency # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Year of HS Graduation \_\_\_\_\_ School in **SEPT, 2017** \_\_\_\_\_ High School Coach \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Tee-shirt Size: S M L XL

**Roommate Preference** \_\_\_\_\_

If you wish to be roomed next to other friends, list others here \_\_\_\_\_

**PAYMENT INFORMATION: A \$75 NON-REFUNDABLE DEPOSIT or FULL PAYMENT must accompany this Application!**

**Susquehanna Univ (Selinsgrove, PA):**     **\$215** if paid in full by **June 15**, **\$240** after **June 15**

**Edinboro Univ (Edinboro, PA):**       **\$215** if paid in full by **June 15**, **\$240** after **June 15**

**Make Check or money order payable to KEYSTONE STATE CAMP.**

**No Personal Checks after June 20 or at Check-in. After June 20 only Cash or Money Order will be accepted.**

Return Application to your Coach to be mailed or mail to:

**Keystone State Camps, 7 Hemlock Road, Williamsport, PA 17701**

**(To avoid a \$5 Application Return Fee, FILL OUT COMPLETELY!)**

I understand that Keystone State Camps and Susquehanna University do not carry medical or accident insurance for students. I hereby certify that my child, \_\_\_\_\_, is covered by a personal insurance policy or is included in a policy that I have in force. Further, I hereby authorize medical dispensary care for the above-named student, and I AUTHORIZE TREATMENT NOT CONSIDERED ROUTINE TO BE REFERRED TO LOCAL PHYSICIANS and MEDICAL FACILITIES AT MY OWN EXPENSE.

The following information is pertinent in case of injury. \*Do not return the Application if the insurance information is incomplete. \* **If you do not have medical insurance, CALL 570-323-2072 and ask for a Waiver to be sent to you.** Player and Parent must sign and return the Insurance Waiver to Keystone State Camps at 7 Hemlock Road, Williamsport, PA 17701

**(Print Clearly)**

Parent's Name \_\_\_\_\_ Parent's Email \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Medical Policy Identification # \*\* \_\_\_\_\_ Group # \_\_\_\_\_

\*\* If no policy number, please explain here: \_\_\_\_\_

\_\_\_\_ Check here if you do **NOT** have medical insurance for your child. A WAIVER will be sent to you. It must be signed and returned immediately!

**\*Parent's Signature** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2017

**(ALL applications must be signed by a parent or guardian)**

**How did you hear about us (Please circle one)? : Facebook Friend/Family Coach Other \_\_\_\_\_**

**Return this Application with Full Payment or a \$75 NON-REFUNDABLE Deposit to:  
Keystone State Camps, 7 Hemlock Road, Williamsport, PA 17701**