

2017 KEYSTONE STATE GIRLS' TEAM CAMP PLAYER APPLICATION

PLEASE CHECK CAMP SITE & DATE YOUR TEAM IS ATTENDING:

- | | | |
|---|--------------------|--|
| <input type="checkbox"/> Edinboro Univ (Middle School Teams) | July 7-9 (3-day) | \$215 if paid in full by 6/15, \$240 after June 15 |
| <input type="checkbox"/> Edinboro Univ (High School Teams) | July 14-16 (3-day) | \$215 if paid in full by 6/15, \$240 after June 15 |
| <input type="checkbox"/> Susquehanna Univ (High School Teams) | Aug 4-6 (3-day) | \$220 if paid in full by 6/15, \$245 after June 15 |

PLEASE PRINT CLEARLY Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Home Phone # (_____) _____ Emergency # (_____) _____ Cell Phone # (_____) _____

Email Address _____

Yr of HS Graduation _____ School in Sept, 2017 _____ High School Coach _____

Height _____ Weight _____ Tee-shirt Size: S M L XL

Roommate Preference _____

PAYMENT INFORMATION:

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

Edinboro Univ	(Middle School Teams)	3-Day: \$215 if paid in full by June 15, \$240 after June 15
Edinboro Univ	(High School Team)	3-Day: \$215 if paid in full by June 15, \$240 after June 15
Susquehanna Univ	(High School Teams)	3-Day: \$220 if paid in full by June 15, \$245 after June 15

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

No Personal Checks will be accepted after June 15 or at Check-in. After June 15 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, Susquehanna University and Edinboro 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**