

2017 KEYSTONE STATE BASKETBALL SHOOTOUTS
COLLEGE RECRUITING PROFILE / APPLICATION

CHECK BOYS' SHOOTOUT(S) YOU WILL ATTEND:

CHECK GIRLS' SHOOTOUT(S) YOU WILL ATTEND:

Boys:

Girl

- Edinboro University – Sunday, October 22nd
- Bryn Mawr College – Sunday, October 29th

- In The Zone – Bath, PA – Sunday, October 8th
- Edinboro University – Sunday, October 22nd
- Bryn Mawr College – Sunday, October 29th

Last Name _____ First Name _____ Gender _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-mail _____ Parent's Email _____

Year of HS Graduation _____ High School _____

Position (Maximum of 2): ___ 1-Point Guard ___ 2-Shooting Guard ___ 3-Small Forward ___ 4-Strong Forward ___ 5-Center

WEIGHT _____ HEIGHT _____ CIRCLE T-SHIRT SIZE: Small Medium Large X-Large XX-Large (Adult Sizes)

****Fill in information below if available. If not available, put N/A****

Head Basketball Coach _____ Coach's Phone # (_____) _____

Head Basketball Coach's Email _____

Grade Point Average _____ Class Rank/Number of Students in Class _____ / _____

SAT Scores: MATH _____ READING _____ WRITING _____ TOTAL _____ ACT Score: _____

Preferred College Major Course of Study _____

Top 4 College Choices _____

AAU Coach _____ AAU Coach's Phone _____

AAU Coach's Email _____

Camp(s) attended last summer: Individual Camp _____ Team Camp _____

PARENTAL CONSENT & INSURANCE INFORMATION

(Participant cannot compete unless this section has been completed & signed by his parent or guardian)

If you do not have health insurance, you must call 570-323-2072 for an Insurance Waiver to participate.

I understand that Edinboro University, In the Zone, Bryn Mawr College, University and Keystone State Camps, Ltd. do not carry medical or accident insurance for students, and I hereby certify my child is covered by a personal insurance policy or is included in a policy that I have in force. Further, I hereby authorize routine medical dispensary care for my child and any treatment not considered routine to be referred to a local physician at my expense.

Insurance Co _____ Policy # _____ Group# _____

Name of Policy Holder _____ Signature of Parent/Guardian _____ Date _____

FEE and PAYMENT - Shootout Fee is NON-REFUNDABLE
Only checks and money orders will be accepted – No Credit Cards.

In The Zone:	\$120	If not paid by September 27th:	\$145
Edinboro University:	\$120	If not paid by October 11th:	\$145
Bryn Mawr College:	\$120	if not paid by October 19th:	\$145

PERSONAL CHECKS WILL NOT be accepted AFTER the above dates.
ONLY MONEY ORDERS WILL BE ACCEPTED after these dates.

Send completed Application & Payment to: **KEYSTONE STATE SHOOTOUT**
7 Hemlock Road, Williamsport, PA 17701

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

Did you include your position, height, weight, shirt size and year of graduation? Is your insurance information and parent signature on the application? We cannot place you on a team without this information.
Please be sure that the application is filled out completely.