

# 2018 KEYSTONE STATE GIRLS' TEAM CAMP PLAYER APPLICATION

PLEASE CHECK CAMP SITE & DATE YOUR TEAM IS ATTENDING:

- [ ] Edinboro Univ (Middle School Teams) July 6-8 (3-day) \$215 if paid in full by 6/15, \$240 after June 15  
[ ] Edinboro Univ (High School Teams) July 13-15 (3-day) \$215 if paid in full by 6/15, \$240 after June 15  
[ ] Susquehanna Univ (High School Teams) Aug 3-5 (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, 2018 \_\_\_\_\_ 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 Team)	3-Day: \$215 if paid in full by June 15, \$240 after June 15
Edinboro Univ	(High School Teams)	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 \_\_\_\_/\_\_\_\_/2018

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

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