

# 2018 KEYSTONE STATE BASKETBALL FALL SHOOTOUTS

## COLLEGE RECRUITING PROFILE / APPLICATION

CHECK BOYS' SHOOTOUT(S) YOU WILL ATTEND:

**Boys:**

Susquehanna University- Sunday, October 14  
 Edinboro University- Sunday, October 28

CHECK GIRLS' SHOOTOUT(S) YOU WILL ATTEND:

**Girls**

Susquehanna University- Sunday, October 14  
 Edinboro University- Sunday, October 28

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 Susquehanna University, Edinboro 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.**

Susquehanna University:	\$120	If not paid by October 4:	\$145
Edinboro University:	\$120	If not paid by October 12:	\$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**  
**1. position, 2. height, 3.weight, 4.shirt size 5. year of graduation, 6. insurance information, 7. Parent signature**  
**We cannot place you on a team without this information.**  
**Please be sure that the application is filled out completely.**