

2019 KEYSTONE STATE BOYS' TEAM CAMP PLAYER APPLICATION

[] Edinboro University July 5-7 (3-day) \$215 if paid in full by June 15, \$240 after June 15
[] Susquehanna University July 26-28 (3-day) \$215 if paid in full by June 15, \$240 after June 15

(PLEASE PRINT CLEARLY) Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

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

Email Address _____

Year of HS Graduation _____ School in **SEPT, 2019** _____ 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!

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

Susquehanna Univ (Selinsgrove, 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 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 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 _____ / _____ /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