

2019 KEYSTONE STATE CAMP APPLICATION

CHECK BOYS' CAMP YOU WILL ATTEND:

CHECK GIRLS' CAMP YOU WILL ATTEND:

BOYS

| Susquehanna Univ- June 23-June 26 \$425
 | Slippery Rock Univ – July 21-July 24 \$440

GIRLS

| Susquehanna Univ – June 23-June 26 \$425
 | Slippery Rock Univ – July 21-July 24 \$440

Commuters: Check here also _____ (NOT sleeping in college dormitory)

Print Clearly

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

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

Email Address _____ Parent's Email Address _____

Year of High School Graduation _____ SCHOOL ATTENDING in SEPT 2019 _____

CIRCLE the POSITION YOU PLAY: 1 Point 2 Off Guard 3 Small Forward 4 Strong Forward 5 Center

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

Roommate Preference _____

If you wish to be roomed next to other friends, list others here _____

Application must be complete to be accepted. DID YOU CHECK THE CAMP YOU ARE ATTENDING? Did you circle your position and fill in your height, weight, grade & shirt size? If your application is incomplete there will be an application return fee.

PARENTAL MEDICAL INSURANCE INFORMATION - MUST BE COMPLETE TO BE ACCEPTED!

I understand that Keystone State Camps, Susquehanna University, Edinboro University, and Slippery Rock University do not carry medical insurance for students, and I hereby certify that my child, _____, is covered by a personal insurance policy that I have in force. Further, I hereby authorize routine 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 expense.

Check here if you do NOT have medical insurance for your child. A waiver will be sent to you or you can obtain one on www.keystonestatecamp.com under 'quick links.'

Parent's Name _____ Home Phone (_____) _____ Cell Phone (_____) _____

Address _____ City/State/Zip _____

MEDICAL INSURANCE CO. _____ POLICY ID # _____

GROUP # _____

PARENT'S SIGNATURE _____ MUST BE SIGNED Date ____/____/2018

(PARENT or LEGAL GUARDIAN MUST SIGN) If your child has an existing medical condition, attach an explanation to this application.

PAYMENT (Application must be accompanied by at least a **\$75 Non-Refundable deposit to be accepted**. Only Cash, Money Order, or Certified Bank Check will be accepted after June 1. (See payment deadlines below)

**Return completed application with a signed check or money order payable to:
Keystone State Camps 7 Hemlock Rd Williamsport, PA 17701**

Price Information for Overnight Campers :

SUSQUEHANNA BOYS/GIRLS: \$425
Paying after June 1: \$450

SLIPPERY ROCK BOYS/GIRLS: \$440
Paying after June 1: \$465

**** For Commuter Rates (not sleeping in dorms), call our office at 570-323-2072****

When you attend two sessions listed on this application, you will receive a \$50 discount on the second session attended.
Return application and payment to: Keystone State Camps, 7 Hemlock Road, Williamsport, PA 17701