

2020 KEYSTONE STATE BOY' TEAM CAMP PLAYER APPLICATION

PLEASE CHECK CAMP SITE & DATE YOUR TEAM IS ATTENDING:

[] Elizabethtown College, Elizabethtown, PA July 31 – Aug 1

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, 2020) _____ 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!

Or

Orders May be paid ONLINE in full at www.keystonestatecamp.com

Elizabethtown College (High School Teams 3-Day) \$220 if PAID IN FULL BY JUNE 15
(\$255 if PAID IN FULL AFTER JUNE 15)

PAY IN FULL ONLINE OR

Make Check or money order payable to **KEYSTONE STATE CAMP.**

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 Elizabethtown College 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 ____/____/2020

(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

OR

Orders MAY be paid ONLINE in full at www.keystonestatecamp.co