KEYSTONE STATE BOYS' TEAM CAMP PLAYER APPLICATION

July 18-2July 20

[] Washington & Jefferson College , Washington, PA

PLEASE PRINT CLEARLY Last Name		First Name	
Address	City	State	Zip
Cell Phone # ()	Emergency # ()		
Email Address			
Yr of HS Graduation School in	Sept, 2025		
Height Weight Tee-shir	t Size: S M L XL 2X High	a School Coach	
	PAYMENT INFORM	ATION:	
A \$100 NON-REFUND	ABLE DEPOSIT or FULL PAY	MENT must accompany th	is Application!
\$240 if paid in fu	ll by June 15 \$265 af	ter June 15	
Pay in 1	Full online at <u>www.keyst</u> o	onestatecamp.com	
	or		
Retur	Check or money order payable to n Application to your Coach te Camps, 7 Hemlock Ro	to be mailed or mail to:	
•	(FILL OUT COMP	LETELY)	
I understand that Keystone State Camps, W&S students. I hereby certify that my child, policy that I have in force. Further, I hereby at CONSIDERED ROUTINE TO BE REFERRED TO	uthorize medical dispensary care fo	r the above-named student, and	insurance policy or is included in a d I AUTHORIZE TREATMENT NOT
The following information is pertinent in case you do not have medical insurance, CA			
(Print Clearly) Parent's Name	Parent's Email		
Address			
City	State	Zip Code	
Home Phone # ()	Cell Pl	none # ()	
Medical Insurance Company			
Medical Policy Identification # **	(Group #	
** If no policy number, please explain here:			
*Parent's Signature	Dai	re / /2025	

Return this Application with Full Payment or a \$100 NON-REFUNDABLE Deposit to: Keystone State Camps, 7 Hemlock Road, Williamsport, PA 17701

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

Orders can be paid in full online at www.keystonestatecamp.com