

KEYSTONE STATE GIRLS' TEAM CAMP PLAYER APPLICATION

PLEASE CHECK CAMP SITE & DATE YOUR TEAM IS ATTENDING:

[] Washington & Jefferson College July 17-19

[] Elizabethtown College, Elizabethtown, Pa July 31-Aug 2

DO NOT SEND AN APPLICATION WITHOUT PAYMENT OR PAYMENT WITHOUT AN APPLICATION

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-shirt Size: S M L XL 2X High School Coach _____

PAYMENT INFORMATION:

A \$100 NON-REFUNDABLE DEPOSIT or FULL PAYMENT must accompany this Application!

Washington & Jefferson College	\$260 if paid in full by June 15	\$285 after June 15
Elizabethtown College (High School Teams)	\$260 if paid in full by June 15	\$285 After June 15

Pay in Full online at www.keystonestatecamp.com

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

(FILL OUT COMPLETELY)

I understand that Keystone State Camps, and Washington and Jefferson 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 emailed to you. Player and Parent must sign and email or mail 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 _____

Medical Insurance Company _____

Medical Policy Identification # ** _____ Group # _____

** If no policy number, please explain here: _____

*Parent's Signature _____ Date ____/____/2026

ALL applications must be signed by a parent or guardian)
Return this Application with Full Payment or a \$100 NON-REFUNDABLE Deposit to:
Keystone State Camps, 7 Hemlock Road, Williamsport, PA 17701

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