

# 2023 KEYSTONE STATE BASKETBALL SUMMER SHOWCASE

[www.keystonestatecamp.com](http://www.keystonestatecamp.com)

Elizabethtown College - Elizabethtown, PA - \$120

CHECK BOYS' SHOOTOUT(S) YOU WILL ATTEND:

CHECK GIRLS' SHOOTOUT(S) YOU WILL ATTEND:

Boys:

Girls

Elizabethtown College Sunday, August 6th

Elizabethtown College- Sunday, August 6th

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Parent's Email \_\_\_\_\_

Year of HS Graduation \_\_\_\_\_ High School (Sept, 2023) \_\_\_\_\_

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

\*\*\*Fill in information below if available. If not available, put N/A\*\*\*

Head Basketball Coach \_\_\_\_\_ Coach's Phone # (\_\_\_\_\_) \_\_\_\_\_

Head Basketball Coach's Email \_\_\_\_\_

Grade Point Average \_\_\_\_\_ Class Rank/Number of Students in Class \_\_\_\_\_ / \_\_\_\_\_

SAT Scores: MATH \_\_\_\_\_ READING \_\_\_\_\_ WRITING \_\_\_\_\_ TOTAL \_\_\_\_\_ ACT Score: \_\_\_\_\_

Preferred College Major Course of Study \_\_\_\_\_

AAU Coach \_\_\_\_\_ AAU Coach's Phone \_\_\_\_\_

AAU Coach's Email \_\_\_\_\_

Camp(s) attended last summer: Individual Camp \_\_\_\_\_ Team Camp \_\_\_\_\_

## PARENTAL CONSENT & INSURANCE INFORMATION

(Participant cannot compete unless this section has been completed & signed by his parent or guardian)

If you do not have health insurance, you must call 570-323-2072 for an Insurance Waiver to participate.

I understand that Elizabethtown College and Keystone State Camps, Ltd. do not carry medical or accident insurance for students, and I hereby certify my child is covered by a personal insurance policy or is included in a policy that I have in force. Further, I hereby authorize routine medical dispensary care for my child and any treatment not considered routine to be referred to a local physician at my 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, go online and print out a waiver or CALL 570-323-2072 and ask for a Waiver to be sent to you.

Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_ Group# \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

FEE and PAYMENT - **Shootout Fee is NON-REFUNDABLE**

**Applications can be paid online at [www.keystonestatecamp.com](http://www.keystonestatecamp.com)**

Elizabethtown College

\$120

If not paid by June 22<sup>nd</sup>

\$145

**Applications can be paid online at [www.keystonestatecamp.com](http://www.keystonestatecamp.com)**

**OR**

Send completed Application & Payment to:

KEYSTONE STATE SHOOTOUT

7 Hemlock Road Williamsport, PA 17701

**Did you include your**

**1. position, 2. height, 3. weight, 4. shirt size 5. year of graduation, 6. insurance information, 7. Parent signature**  
**We cannot place you on a team without this information.**

**Please be sure that the application is filled out completely.**