

# 2023 KEYSTONE STATE GIRLS' TEAM CAMP PLAYER APPLICATION

PLEASE CHECK CAMP SITE & DATE YOUR TEAM IS ATTENDING:

[ ] Edinboro University, Edinboro, Pa July 14-16 [ ] Elizabethtown College, Elizabethtown, Pa Aug 4-6

**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, 2023 \_\_\_\_\_ High School Coach \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Tee-shirt Size: S M L XL

Roommate Preference \_\_\_\_\_

## PAYMENT INFORMATION:

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

Edinboro Univ	(High School Teams)	\$235 if paid in full by June 15,	\$260 after June 15
Elizabethtown College	(High School Teams)	\$245 if paid in full by June 15,	\$270 after June 15

**Pay in Full online at [www.keystonestatecamp.com](http://www.keystonestatecamp.com)**

**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**

**(FILL OUT COMPLETELY)**

I understand that Keystone State Camps, Elizabethtown College, and Edinboro University 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, go online and print out a waiver or CALL 570-323-2072 and ask for a Waiver to be sent to you.**

**(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 \_\_\_\_/\_\_\_\_/2023

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