

2024 KEYSTONE STATE GIRLS' TEAM CAMP PLAYER APPLICATION

PLEASE CHECK CAMP SITE & DATE YOUR TEAM IS ATTENDING:

[] Edinboro University, Edinboro, Pa July 12-14 [] Elizabethtown College, Elizabethtown, Pa Aug 2-4

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, 2024 _____

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!

Edinboro Univ (High School Teams) \$240 if paid in full by June 15, \$265 after June 15
Elizabethtown College (High School Teams) \$250 if paid in full by June 15, \$275 after June 15

Pay in Full online at 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.** 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: _____

___ 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 ____/____/2024

(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