

KEYSTONE STATE BOYS' TEAM CAMP PLAYER APPLICATION

Washington & Jefferson College July 19-2July 21
 Northampton Community College July 26-July 28

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!

\$240 if paid in full by June 15 \$265 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, W&J College and Northampton Community College does 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 _____
Address _____
City _____ State _____ Zip Code _____
Home Phone # (_____) _____ Cell Phone # (_____) _____
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