

# Heart of America Girls Basketball Application for Enrollment

(Please Print & Complete Entire Form)

Full-Time Camper       Part-time Camper  
I will attend: (Check which session you will attend)  
July 6 - 9, 2025; Kansas Wesleyan University, Salina, KS

Camper Name: \_\_\_\_\_ Campers Email: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Parents Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Height: \_\_\_\_\_ Age \_\_\_\_\_ DOB: \_\_\_\_\_

SS # \_\_\_\_\_ Next year I will be in the \_\_\_\_\_ grade at \_\_\_\_\_ (school name).

Roommate Preference (if any): \_\_\_\_\_ Roommates Age: \_\_\_\_\_  
No guarantee of roommates after July 6, 2025.

Allergies: \_\_\_\_\_ Recent Illness \_\_\_\_\_ Chronic Health Problems \_\_\_\_\_

Routine Medication \_\_\_\_\_

Physician Name & Telephone \_\_\_\_\_ Date of Last Tetanus shot: \_\_\_\_\_

## Insurance Information

All campers must have health insurance to participate in camp.

\_\_\_\_\_ I will be covered by my personal or family accident and illness insurance. My  
insurance company is: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Ins. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Benefits/Pre-Cert Ph# \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Please include a copy of both sides of insurance card.

May bring copy day of registration or scan and email to [hoasportscamps@yahoo.com](mailto:hoasportscamps@yahoo.com).

**Mail application with \$100 deposit to:**  
**Heart of America Basketball Camps**  
**P.O. Box 1096**  
**Salina, KS 67402-1096**

Remaining amount paid on or before first day of registration, or online at hoasportscamps.com.

If you prefer to pay by MasterCard or Visa, please complete the information required. The full amount will be charged to your account. Method of Payment:  Cash  Check  MasterCard  Visa

Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Authorization

Make sure parents sign and T-shirt size is marked.

WE, the undersigned parents or guardians of \_\_\_\_\_ a minor, do hereby authorize the director of the Heart of America Sports Camps or his designee to select hospital facilities and/or physician of his choice and authorize treatment of the above named camper on an emergency basis in the event such treatment becomes necessary as a result of the participation in the Heart of America Sports Camps. We hereby grant permission for her to participate in the Basketball Camp and acknowledge the fact that she is physically able to participate in camp activities. I will be responsible for all medical bills incurred as a result of illness or accidents for which medical treatment is necessary while the above applicant is at camp, except those bills covered by insurance. **Please make sure all information is complete before mailing camp form.**

---

(Signature of Parent or Guardian)

(Adult Sizes) Note: Please indicate T-Shirt size:

Small  Medium  Large  Extra-Large