

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 12 - 15, 2026; Kansas Wesleyan University, Salina, KS

Camper Name : _____ Camper's Email: _____

Parents Email: _____ Parent's 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 12, 2026.

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.

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