

Camp Registration

Name: _____

Age: _____ Birthdate: _____

Parents' Name: _____

Address: _____

City: _____

Zip: _____

Phone: _____

Emergency Contact

Phone: _____

Grade Fall of 2018 _____

Shirt Size _____

Each camper is responsible for his own medical insurance expenses. In consideration of your acceptance of this application, we hereby release Coach Gibson and his staff from all claims on account of any injuries which may occur by your son while attending this camp.

Parent Signature & Date

Dates: JUNE 25 – JUNE 27

TIME: 12:30 PM – 3:00 PM

FOR: **BOYS ENTERING GRADES
7-10 IN THE FALL OF 2018**

WHERE: **HUGHES FIELD**

WHAT TO BRING: **ATHLETES
SHOULD WEAR T-SHIRT, SHORTS,
SPIKES (TENNIS SHOES ARE FINE)**

STAFF: **HEAD BHS COACH MARK
GIBSON, SOME BHS STAFF
MEMBERS AND FORMER BHS
PLAYERS**

EACH CAMPER WILL RECEIVE A
CAMP T-SHIRT

COST: **\$55 IF PAID BEFORE MAY 31
OR \$60 JUNE 1 – START OF CAMP**

MAKES CHECKS PAYABLE TO:

DEMON FOOTBALL

800 N 8th St

Bismarck, ND 58501

**CONTACT: MARK GIBSON
701-527-0115**



CENTRAL DAKOTA FOOTBALL CAMP

JUNE 25 – JUNE 27