

Camp Registration

Name: _____

Age: _____ Birthdate: _____

Parents Name: _____

Address: _____

City: _____

Zip: _____

Phone: _____

Emergency Contact

Phone: _____

Grade Fall of 2019 _____

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 24 – JUNE 26

TIME: 12:30 PM – 3:00 PM

FOR: BOYS ENTERING GRADES 7-10 IN THE FALL OF 2019

WHERE: HUGHES FIELD

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

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

EACH CAMPER WILL RECEIVE A CAMP T-SHIRT

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

MAKES CHECKS PAYABLE TO:

CENTRAL DAKOTA FOOTBALL

800 N 8th St

Bismarck, ND 58501

CONTACT: MARK GIBSON 701-527-0115



CENTRAL DAKOTA FOOTBALL CAMP

JUNE 24 – JUNE 26