

Camp Registration

Name: _____

Age: _____ Birthdate: _____

Parent's Name: _____

Address: _____

City: _____

Zip: _____

Phone: _____

Emergency Contact

Phone: _____

Grade Fall of 2020 _____

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: August 3 – 5

TIME: 12:30 PM – 3:00 PM

**FOR: BOYS ENTERING GRADES
7-10 IN THE FALL OF 2020**

WHERE: HUGHES FIELD

**WHAT TO BRING: ATHLETES
SHOULD WEAR 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 July 3
\$60 if paid between July 4 & August 2**

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 29 – JULY 1