

# Camp Registration

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Emergency Contact

Phone: \_\_\_\_\_

Grade Fall of 2024 \_\_\_\_\_

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 2024**

**WHERE: HUGHES FIELD**

**PARTICIPANTS SHOULD WEAR  
T-SHIRT, SHORTS (SWEATS) &  
SPIKES (TENNIS SHOES ARE FINE)**

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

**PARTICIPANTS WILL RECEIVE  
A CAMP T-SHIRT**

**COST: \$55 IF PAID BY MAY 31  
\$60 JUNE 1 – JUNE 24**

**MAKE CHECKS PAYABLE TO:  
"CENTRAL DAKOTA FOOTBALL"**

**Mail Form with Check to:**

Mark Gibson  
800 N. 8<sup>TH</sup> Street  
Bismarck, ND 58501

Phone: (701) 323-4800  
ext 6025 (W)  
(701) 527-0115 (C)



# Central Dakota Football Camp

June 24 – June 26