

Camp Registration

Name: _____

Age: _____ Birthdate: _____

Parent's Name: _____

Address: _____

City: _____

Zip: _____

Phone: _____

Emergency Contact

Phone: _____

Grade Fall of 2025 _____

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 30 – JULY 2

TIME: 12:30 PM – 3:00 PM

**FOR: BOYS ENTERING GRADES
7-10 IN THE FALL OF 2025**

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 &
FORMER BHS PLAYERS**

**EACH CAMPER WILL RECEIVE
A CAMP T-SHIRT**

**COST: \$60 IF PAID BY MAY 31
Otherwise \$65 JUNE 1 – JUNE 30**

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 30 – July 2