

Camp Registration

Name: _____

Age: _____ Birthdate: _____

Parent/Guardian Name: _____

Address: _____

City: _____

Zip: _____

Phone: _____

Emergency Contact

Phone: _____

Grade Fall of 2026 _____

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/Guardian Signature & Date

Dates: JUNE 29 – JULY 1

TIME: 12:30 PM – 3:00 PM

**FOR: BOYS ENTERING
GRADES 7-10 IN THE FALL OF 2026**

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**

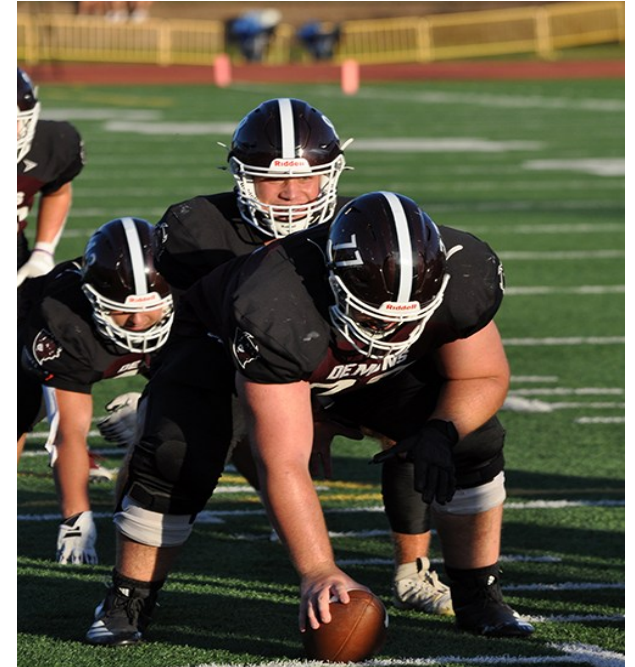
**EACH CAMPER WILL RECEIVE A
CAMP T-SHIRT**

**COST: \$65 IF PAID BY MAY 31
Otherwise \$70 JUNE 1 – JUNE 28**

MAKE CHECKS PAYABLE TO:

**CENTRAL DAKOTA FOOTBALL
800 N 8th St
Bismarck, ND 58501**

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



*Central
Dakota
Football
Camp*

JUNE 29 – JULY 1