

Capital City Football Camp 2019

Capital City Football Camp is open to boys and girls entering grades 9-12. The purpose

July 22nd - July 25th, 2019 – Century High School

and benefit of this camp is designed to master the execution of fundamental football techniques. Athletes will participate in individualized technique and drill sessions. This will help the athletes improve their skill, ability, and confidence in a team setting. The camp will provide the opportunity to meet new friends in an atmosphere of friendly athletic competition. We hope you'll join us this summer for a great football learning experience.

Camp Fee

The cost of the camp is \$70.00 by July 10th. This fee includes:

All instruction, snacks, and Capital City Football T-shirt.

Make checks payable to Ron Wingenbach (camp director). If two campers attend from the same family, the second camper will be charged \$65.00.

Location

The camp will be conducted at Bismarck Century High School, 1000 E Century Ave, Bismarck, ND 58503



Registration and Gear Distribution

Due to construction, gear distribution will occur during the early summer. Information will be distributed on the Century football homepage and Hudl regarding dates/time.

Keys to the Camp

- Grouped by age & position
- Emphasis placed on skill development
- Individual Instruction by position group
- Group and team instruction



For further information/questions,

contact Ron Wingenbach at
701.426.1779 or email at:

ron_wingenbach@bismarckschools.org

REGISTRATION FORM for **Capital City Football Camp 2019**, Grades 9-12
5:00-7:30 PM, Monday-Thursday; July 22nd-25th.

Name _____ Phone # _____
Address _____
City _____ State _____ Zip _____
School _____
Grade Entering Fall of 2019 _____
T-Shirt Size (Adult) _____ Position: Offense _____ Defense _____

In case of emergency contact:

Name _____ Home # _____
Work # _____

I hereby give my approval for my child to participate in Capital City Football Camp. I hereby authorize the directors of Capital City Football Camp and all instructors to act for me according to their best judgement in any emergency requiring medical attention. I hereby waive and release the camp from any and all liability for an injury while at camp. I certify that my son is medically fit to participate in our program. I understand that Capital City Football Camp Director, Ron Wingenbach, and all instructors will not be responsible for injury or loss of property while the athlete is attending camp. I also understand that each camper is responsible for his own medical insurance and expenses.

Date: _____

Parent/Guardian _____

To be accepted in our camp, include a check payable to Ron Wingenbach (Camp Director). Fill in the above and return to:

Ron Wingenbach
Century High School - FB
1000 East Century Ave.
Bismarck, ND 58503