

**IN CASE OF AN EMERGENCY**  
**PLEASE CONTACT;**

**Emergency Contact #1:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**Emergency Contact #2**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

If your child has any Allergies  
or on any Special Medication please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions  
please contact:

Dan Smrekar 701-223-4113 ex 15

[dsmrekar@lightofchristschools.org](mailto:dsmrekar@lightofchristschools.org)

OR

Brett Eckert 701-223-4114

[beckert@lightofchristschools.org](mailto:beckert@lightofchristschools.org)



***St. Mary's***  
***Individual***  
***Football Camp***  
***Grades 7 – 9***

**July 6 & 7, 2017**

## General Camp Information

- Students entering grades 7 – 9 are eligible to attend
- This is a contact camp
- Helmets and shoulder pads will be provided
- Camp will be held at St. Mary's Central High School
- Equipment checkout is 8 am on Thursday July 6<sup>th</sup>, prior to camp

## Camp Dates and Times

- Thursday, July 6<sup>th</sup>
  - 8 am – 9 am (Registration)
  - 9 am – noon (Camp)
- Friday, July 7<sup>th</sup>
  - 9 am - noon

## Camp Focus

- Football Fundamentals and Safety
  - Blocking
  - Tackling
- Position specific technique
  - All Positions
- Fun

## Registration

- Please send registration to:
  - SMCHS  
Attn. Dan Smrekar  
1025 N 2<sup>nd</sup> St.  
Bismarck, ND 58501
- Please have registration and payment in by Friday, June 16<sup>th</sup>
- Make checks Payable to Dan Smrekar

## Camp Fee

- Camp fee is \$25
- Costs include instruction and a camp t-shirt

## Instruction

- Instruction will be provided by the St. Mary's coaching staff

## What to Bring

- Football cleats
- Shorts
- Shirt
- Mouth Guard
- Tennis Shoes

## REGISTRATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Grade entering next fall \_\_\_\_\_

**Please circle one (adult sizes only)**

Shirt size    S    M    L    XL    XXL

**Please circle one position for offense and one for defense;**

Offense        OL    QB    RB    WR

Defense       DL    LB    DB

### **Liability Waiver**

I understand and agree that I will not hold Light of Christ Catholic Schools, St. Mary's High School, or any camp instructor liable for any damages or injuries that may occur because of my child's participation in camp. If emergency medical treatment is required, I hereby grant permission for this for my child. I do expect every effort will be made to contact me if an emergency occurs. Cost of any medical attention will not be covered or paid for by the school or camp staff.

*Signature of Parent or Guardian*

\_\_\_\_\_

Date \_\_\_\_\_

*Please fill in Emergency Contact Info on Reverse Side.*