

Bruin Football Camp - 2026

A Fundamental Football Camp



Dates – July 20-23(Monday - Thursday)

12:30 – 2:00 PM for Grades 5 - 8

3:30 - 5:30 PM for Grades 9 - 12

Northwest Park (across from Capital HS, **possibly**. Depends on the condition of the Bruin practice field)

Eligibility: For students who will be in the **5th** through **12th** grades at the beginning of next school year. Campers will learn and work with people in their own age group.

Equipment: Shorts or sweats, T-shirt or sweatshirt, and shoes/cleats.

Insurance and medical care: Campers must have current medical insurance. Coaches with experience in treating athletic injuries will be present at all sessions. Please provide your family's insurance provider on the application form.

Individualized Instruction: An emphasis will be placed on the proper techniques and fundamentals used in developing flag football skills. These include blocking, snapping, passing, receiving, and punting.

Coaches: Capital High Bruin Flag Football Staff

Cost: \$50.00 -- Includes: T-SHIRT,

FAMILY RATE: 2 campers \$90.00, 3 campers \$120.00.

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Application Form

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

GRADE (NEXT FALL): _____ T-Shirt Size (YL, S, M, L, XL, XXL): _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____ PHONE: _____

FAMILIES INSURANCE PROVIDER: _____

I hereby register my child for the above described camp and authorize the staff to direct him in participation in camp activities. My child has no medical or emotional problems which may affect her ability to safely participate in this camp. The camp staff is authorized to attend to any health problem or injury my child may incur while attending camp. I will allow the involved hospital and/or doctor to administer the required treatment of an emergency condition. I also understand that all incurred costs are my personal responsibility and that CAPITAL HIGH SCHOOL or SGTF Camp does not have insurance coverage for injuries to football camp participants. Camp will provide insurance as a secondary coverage only.

PARENT OR GUARDIAN SIGNATURE and EMAIL ADDRESS _____

*Make Checks payable to SGTF. Return application form with payment to Coach Canney – SGTF Camp, 3680 Floweree DR. Helena, MT 59602. **PLEASE WRITE ONE CHECK FOR MULTIPLE CAMPERS** * For more information call 406 459-4735, or email at icanney@helenaschools.org