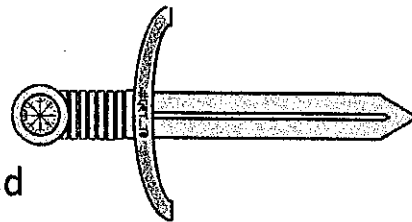


Viking Middle School Football Camp



Bigfork High School Football Field

August 11-13, 2026

Camp Outlook

The Bigfork Viking Football Camp is open to all students entering grades 5 - 8.

Cost

The cost of the camp will be \$40.00 per player. The balance is due the first day of camp.

Health and Safety

Each camper must provide their own health insurance. Medical Release, Personal History and Insurance Information must be completed on application.

For Information call:

Jim Benn
406-670-9793
jbenn@bfbsd38.org

Josh Turner
406-253-5328
josh.turner@pnpa.us

Grades and Times

Grades 5-8
August 11-13, 2026
6:00 p.m. - 8:00 p.m.

Payment via Venmo:

Jim Benn
@Jim-Benn



venmo

MEDICAL RELEASE FORM/ HEALTH HISTORY

Camper's Name

Camper's Parent/Guardian Name

Camper's Date of Birth

Parent/Guardian's Phone Numbers

Emergency Contact

PERSONAL HISTORY

(Have they now or ever had in the past?)

Heart Disease	YES NO
Heart Surgery	YES NO
Muscle Disease	YES NO
Epilepsy	YES NO
Heart Murmur	YES NO
Diabetes	YES NO
Occasional Chest Pain	YES NO
Dizzy Spells or Blackouts	YES NO
Irregular Heart Beat	YES NO
Any Chest Pains on Exertion	YES NO
Any Chest Pressure on Exertion	YES NO
Other:	

Has your child had any broken, sprained, or bruised bones or muscles in the past six months?

Please list any medications your child is currently taking:

Please list any known allergies to medication

MEDICAL INSURANCE IS REQUIRED TO ATTEND
(Must be completed to attend camp)

INSURANCE INFORMATION

INSURANCE CARRIER

POLICY HOLDER

GROUP POLICY #

MUST COMPLETE MEDICAL RELEASE/ INSURANCE INFO & APPLICATION

Parent's/Guardian's **Signature** required on application

If yes to any of the previous, please explain:

NAME: _____ HT: _____ WT: _____ AGE: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____

HIGH SCHOOL: _____ YEAR IN SCHOOL (26/27): _____

ADULT T-SHIRT SIZE: M L XL XXL

I hereby give my approval for my child to participate in the 2026 Viking Middle School Football Camp. I certify that my child is physically fit to participate in all camp activities. I hereby waive and release the camp from any and all liability for any injury that may occur at camp. I understand that the 2026 Viking Middle School Football Camp director, Jim Benn, and all coaches will not be responsible for injury or loss of property while the athlete named on the application is attending this camp.

PARENT/GUARDIAN SIGNATURE: _____

CAMPER'S SIGNATURE: (18 YEARS OF AGE) _____