

# Future Champ Camp

Dear Parents,

The Bismarck High wrestling program has a history of developing champions on and off the mat by teaching our athletes wrestling skills while focusing on the ever-important life skills of discipline, dedication, sacrifice, hard work, respect, responsibility, resiliency, and goal setting. We would love to offer your child the unique opportunity to spend a few days this summer on the wrestling mats working on these athletic and life skills. We believe the sport of wrestling is one of the best environments to instill life lessons and to develop positive characteristics that will carry with your child into adulthood.

Since the introduction of the sport of wrestling in North Dakota, Bismarck High has never finished lower than 3<sup>rd</sup> place as a team and has produced *180 individual state champions*. I believe any wrestlers who dedicate themselves to the sport are already well on their way to becoming our next champions.

This summer, members of the Bismarck High staff, our varsity wrestlers, and I will be running camps for students entering grades K-3 and 4-8. The camps will be held in the Bismarck High wrestling room **May 31 – June 3 (Tuesday – Friday)** with grades K-3 meeting from 1 – 2 pm and grades 4-8 meeting from 2:00 – 4:00 pm. I would love your child to sign-up, participate, and continue to develop in the sport of wrestling. The cost of the camp is \$50. Checks can be made out to Mark Lardy and mailed with the bottom registration form to:

Mark Lardy  
5304 Walker Dr.  
Bismarck, ND 58504

Forms must be returned by May 15 to guarantee a t-shirt. If you have questions, please don't hesitate to call or email.

Mark Lardy - Co-Head Wrestling Coach – Bismarck High School  
Email: [mark\\_lardy@bismarckschools.org](mailto:mark_lardy@bismarckschools.org) Phone Number: 701-391-8870

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Athlete \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Gender M \_\_\_ F \_\_\_

Session 1 (Grades K-3) 1:00 – 2:00 \_\_\_\_\_ Session 2 (Grades 4-8) 2:00 – 4:00 \_\_\_\_\_

T-shirt Size \_\_\_\_\_ (indicate youth if needed)

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Parent/Guardian (1) \_\_\_\_\_ Cell Phone (1) \_\_\_\_\_ Work Phone (1) \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ # \_\_\_\_\_

I CERTIFY that my child/participant is physically able to participate in all training activities. I understand that every effort is made to protect the health and safety of the student that the school/instructors assume no responsibility for accidents or illness. I agree to all of the conditions stated above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_