

# 2022 Barlow Football Camp

---

## JUNE 11-12 KENNY SIMPSON FOOTBALL Camp (Grades 9-12)

Times: 7:30 am-5:00 pm  
Cost: **Paid for by Bruin Touchdown Club**  
Location: Barlow High School Turf Field

---

### Contact: TRACY JACKSON

Jackson91@gresham.k12.or.us  
503.258.4895

Barlow Football Camp  
c/o Tracy Jackson  
Sam Barlow High School  
5105 SE 302<sup>nd</sup> Avenue  
Gresham, OR 97080

**Barlow Football**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Grade for 2022-2023: \_\_\_\_\_

Last school attended: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Position: \_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

---

### ✓ Equipment: Each camper should bring –

Workout gear – shirts, shorts, socks  
Football (on individual preference)  
Football shoes (broken in) Sack lunch each day  
Please leave all valuables at home



---

## 2022 Kenny Simpson Football Summer Camp

Please read and sign before returning registration form:

In consideration of the acceptance of this entry, I for myself, my executors, and assignees, do hereby release and discharge Gresham-Barlow School District, all sponsors, agents and employees of any and all claims, demands or causes of action arising out of my child's participation in this Football camp.

I understand I am requesting enrollment for the Barlow High Bruins Football Camp. My son has my permission to attend the camp. In the event of illness or injury, I hereby give my consent for medical treatment and permission to the attending physician to hospitalize, secure proper treatment and order injections, anesthetic or surgery. I will be responsible for any medical charges in connection with his attendance at camp.

I attest and verify that I have full knowledge of the risks involved in this event, and my child is physically fit

and sufficiently trained to participate in this event.

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_

**Policy #** \_\_\_\_\_

**PLEASE BRING THIS DOCUMENT TO CAMP ON SATURDAY MORNING,  
JUNE 11,2022**