

2023 BARLOW FOOTBALL CAMP

✓ **JULY 31 – AUG 3**

YOUTH FOOTBALL CAMP (GRADES 3-8)

TIMES: 6:00-8:00 PM

COST: \$75.00 PER FAMILY

LOCATION: BARLOW HIGH SCHOOL TURF FIELD

CONTACT: TRACY JACKSON

Jackson91@gresham.k12.or.us

503.258.4895

SEND PAYMENT TO:

BARLOW FOOTBALL CAMP

C/O TRACY JACKSON

SAM BARLOW HIGH SCHOOL

5105 SE 302ND AVENUE

GRESHAM, OR 97080

MAKE CHECKS PAYABLE TO:

BARLOW FOOTBALL

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL ADDRESS: _____

GRADE FOR 2023-2024: _____

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)

PLEASE LEAVE ALL VALUABLES AT HOME



✓ **TUITION INCLUDES –**

CAMP T-SHIRT

OUTSTANDING ATHLETE AWARDS (SEVERAL AREAS)

T-SHIRT SIZE (CIRCLE ONE): ADULT S M L XL YOUTH S M L XL

2023 BARLOW 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 # _____