

Zach Strief "Dream Big" Foundation Football Camp 2009 Enrollment Form

Full tuition must accompany this application. Send completed enrollment, medical and insurance forms along with a check or money order payable to the: Zach Strief Dream Big Foundation, 5480 Carterway Drive, Milford, Ohio 45150.

Please complete the following information for each child to enroll in the camp:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

School _____ Grade Entering _____

Birthdate _____

Parent/Guardian Name (Print) _____

Emergency Phone _____ Cell Phone _____

Youth Football League _____ School you attend _____

Shirt Sizes: *Adult* XXXL XXL XL L M *Youth* XL L M (Please circle 1)

I, the undersigned submit that my son, daughter, or ward is physically fit to participate in strenuous athletic activity and release the Zach Strief Dream Big Foundation and its Coaching Staff, Milford Schools, Cincinnati Sports Medicine and all sponsors from any and all claims, liability, causes of action, losses and damages resulting from or arising out of injury, illness or property damage to my son, daughter or ward. I hereby authorize the directors of the camp to act for me according to their best judgment in an emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses and that I am responsible for providing the information needed on the camp medical form. I consent to the camp and the camp photographer taking and / or using photographs of my son, daughter, or ward for promotional or marketing purposes.

Parent/Guardian Signature _____ Date _____

Grades 2-6 fee is \$65 for two-day camp including lunch
Grades 7-12 fee is \$65 for one-day camp including lunch