

**Zach Strief “Dream Big” Foundation
2011 Punt, Pass, and Kick Enrollment Form**

Please complete the following information:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

School _____ Grade Entering _____

Date of Birth _____

Parent/Guardian Name (Print) _____

Emergency Phone _____ Email _____

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 _____

Punt, Pass, and Kick Camper - FREE

**Zach Strief "Dream Big" Foundation
Football Camp**

(In conjunction with Milford High School football coaching staff)

Medical Report/Release

(Please Print)

Name (Print) _____
Last First Middle

Home Address _____
Street City State Zip

Date of Birth _____ Grade (Fall 2011) _____
Mo/Day/Yr

Home Telephone _____

Parent/Guardian Information Relationship _____

Name (Print) _____
Last First

Home Address _____
(If different) Street City State Zip

Home Phone _____ Work Phone _____

Cell Phone _____

If above person is unavailable, contact _____ in case of emergency.

Telephone _____

Personal Physician _____ Phone _____

Insurance Carrier _____ Policy # _____

* Is Camper now under treatment for any medical or psychological condition? _____ Yes _____ No

If yes, please explain: _____

* Please list any daily and routinely taken medications of which the Camp Staff should be aware.

* Does Camper have allergies to medications or other sensitivities? _____ Yes _____ No

If yes, please explain. _____

* Does Camper have any other special health care concerns of which the Camp Staff should be aware?

_____ Yes _____ No

I hereby grant permission to the staff of the Zach Strief "Dream Big" Foundation Camp and the Athletic Trainer of Milford High School to arrange for health care, emergency treatment or hospitalization at an accredited hospital or other medical, psychological or dental care facility when considered necessary.

I also grant permission to the staff of the Zach Strief "Dream Big" Foundation Camp and the Athletic Trainer of Milford High School to render any health care or emergency treatment needed to my son/daughter/ward.

Date _____

Signature _____

Parent /Guardian