

Zach Strief “Dream Big” Foundation Football Camp 2011 Enrollment Form

Full tuition must accompany this application. Please send completed enrollment, medical and insurance forms, along with a check or money order payable to the “Milford Athletic Boosters Club” (“Football Camp” on memo line) to: Head Football Coach Shane Elkin, Milford High School, One Eagles Way, 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 _____

Date of Birth _____

Parent/Guardian Name (Print) _____

Emergency Phone _____ Email _____

Shirt Sizes: *Adult* XXXL XXL XL L M S *Youth* XL L M S (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 _____

Early Bird registration:
\$65.00 for two-day camper
or
\$35.00 for one-day camper