

**Zach Strief “Dream Big” Foundation
11th Annual Football Camp**
(In conjunction with the Milford High School Football Program)

Zach Strief’s Mission Statement

The “Dream Big” Foundation is dedicated to providing opportunities to children in the form of educational growth and life skills lessons coming from positive role models. The Zach Strief “Dream Big” Foundation, a Fund of The Greater Cincinnati Foundation, is focused on providing a financial commitment to assist children in their physical and mental development.

Dates: Monday, June 26th & Tuesday, June 27th

Time: 6:00 p.m. - 8:30 p.m.

Where: Milford High School Athletic Fields (Eagle Stadium and fields on HS/JH campus)

Cost: Free

Enrollment: Student athletes entering 3rd through 8th grades are eligible to attend.

Daily Activities: The camp will focus on the techniques of the game. Our coaches will focus on teaching fundamentals that all players must use to be successful. We believe there are certain techniques and principles that are universal at all levels of football. Our focus will be to teach each camper the game of football in a way that will help him/her perform at a higher level. Areas of instruction will include: proper stance, blocking techniques, running techniques, ball handling skills, throwing mechanics, receiving skills, defeating blocks, proper pursuit, proper tackling, pass coverage, and more!

Staff: The staff will include current and past Milford High School players as well as the Milford Junior High and High School coaches. **Zach Strief will be present both days of camp!**

Registration: You can log on to the Milford Athletics website at www.milfordathletics.org to download enrollment and medical forms. Forms will also be available for pick up at Milford High School in the Athletic Office. An **Enrollment Form** and **Medical Report/Release** must be completed and on file to participate in the camp.

Mail forms to: Steve Cooley, 5677 Tall Oaks Drive, Milford, Ohio 45150

Questions: Email any questions to Steve Cooley at steve.cooley@cinci.rr.com.

Zach Strief "Dream Big" Foundation Football Camp 2017 Enrollment Form

Please send completed Enrollment Form and Medical Report/Release to: Steve Cooley,
5677 Tall Oaks Drive, Milford, Ohio 45150.

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

Name _____ Grade (Fall 2017) _____

Shirt Sizes: **Youth** S M L XL **Adult** S M L XL XXL XXXL
(Please circle appropriate size)

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 _____

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Medical Report/Release
(Please Print)

Name (Print) _____
Last First Middle

Home Address _____
Street City State Zip

Date of Birth _____ Grade (Fall 2017) _____
Mo/Day/Yr

.....
Parent/Guardian Information

Relationship _____

Name (Print) _____
Last First Middle

Home Address _____
(If different) Street City State Zip

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

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

Telephone _____

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

If yes, please explain: _____

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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