

OVER THE MIDDLE FOUNDATION

Gavin Mueller Youth Football Camp

Same-Day Registration Form

Participant First Name: _____

Participant Last Name: _____

Date of Birth: _____ Age: _____

Grade (2026-2027 School Year): _____

School Name: _____

City: _____ State: _____

SESSION (Circle One): K-2 3-5 6-8

T-SHIRT SIZE (Circle One):

YS YM YL AS AM AL AXL A2XL

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Relationship to Participant: _____

Primary Phone Number: _____

Email Address: _____

Secondary Parent/Guardian (Optional): _____

Secondary Phone Number: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone Number: _____

MEDICAL INFORMATION

Medical Conditions / Allergies / Asthma / Other Concerns:

Current Medications:

Emergency Medication (Inhaler, EpiPen, etc.):

PHOTO & VIDEO RELEASE

I grant permission to the Over The Middle Foundation and its representatives to photograph and record my child for promotional, educational, and fundraising purposes. YES _____ NO _____

MEDICAL TREATMENT AUTHORIZATION

In the event of an emergency, I authorize camp staff to obtain emergency medical treatment for my child if I cannot be reached immediately.

YES _____ NO _____

LIABILITY WAIVER

I acknowledge that participation in athletic activities involves inherent risks. I voluntarily allow my child to participate and release the Over The Middle Foundation, Gavin Mueller, camp staff, volunteers, sponsors, and facility owners from claims arising from participation, except in cases of gross negligence or willful misconduct.

I certify my child is physically able to participate. YES _____ NO _____

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____