



# “The Biggest Winner”

## Youth Challenge Application



Applicant's Name: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

- I (parent/guardian) understand I will be required to sign a release of liability waiver and provide a medical release form from a medical physician if my child is chosen to participate in “The Biggest Winner” Youth Challenge.
- I understand I will be responsible for my child's transportation to and from OOCE and/or other possible locations.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Youth Applicant or Parent: In 250 words or less, please explain why you or your child would like to participate in OOCE Foundation's “The Biggest Winner” Youth Challenge. You may use the back of this form or attach another sheet of paper. Application deadline is Friday, May 1<sup>st</sup>. Winners will be notified on or before May 15, 2009. Please return this signed application and your essay to:**

OOCE Foundation  
Attn: Denise Berry  
4605 Sawmill Road  
Upper Arlington, OH 43220

If you have questions, please contact Denise Berry @ 614.827.1040 or [dberry@ohio-ortho.com](mailto:dberry@ohio-ortho.com).