

# 2024 Throw Town Ramona Throws Camp

## REGISTRATION FORM

**Deadline:** Must receive registration forms and payment by July 10<sup>th</sup>, 2024!

**Two Day Camp Dates:** Thursday, July 11th, 2024 thru July 12th, 2024  
**Times:** July 11<sup>th</sup>: 9 a.m. to 4 p.m. and July 12<sup>th</sup>: 9am to Noon (Lunch Not Provided),

**LOCATION: THROW TOWN RAMONA**  
**38087 N 4000 Rd. Ramona, OK 74061**

Please bring your own outdoor and indoor implements, throwing shoes and water!

**Please Circle one or both if you need: \$180 DISCUS or \$60 DISCUS CARRY BAG**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_  
PARENT/GUARDIAN'S NAME: \_\_\_\_\_  
PARENT/GUARDIAN'S EMAIL: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
PERSONAL BEST MARKS: \_\_\_\_\_

**COST FOR BOTH DAYS: Athletes \$180, Coaches and Observing Parents \$40**

**Please make checks payable to: "Throw Town LLC" or Cashapp Scalebrseal**

**SEND REGISTRATION FORMS AND PAYMENT TO:**

**Throw Town LLC**  
**38087 N 4000 Rd.**  
**Ramona, OK 74061**  
**(918) -261-9126**  
**calebrseal@yahoo.com**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
Herby gives permission to the Throw Town Camp to authorize medical care on the above name child. I also hereby waive and release Caleb Seal and Throw Town LLC staff at the Throw Town Ramona, OK facility from any responsibility for injuries and/or medical expenses incurred during the Throw Town Ramona clinic. All Throw Town Ramona camps / Clinics are open to any and all entrants (limited only by number, age, grade level and/or gender) and are operated as an independent enterprise from Throw Town Ramona.

**Special Medical Concerns:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Throw Town Ramona Throws Camp

## Medical Release Form

Medical Ins. Co. \_\_\_\_\_  
Subscriber's Name \_\_\_\_\_  
Policy/Group/ID#s \_\_\_\_\_  
Doctor's Name & Phone# \_\_\_\_\_

Please be certain to complete the following section so that we may be fully aware of any special circumstances or medical conditions present:

Allergies, Medications, Conditions, Limitations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Surgeries (list type and date) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize my child's participation in the Throw Town Ramona Throws Camp. I know of no physical, mental, emotional, or behavioral problems that may affect my child's ability to safely participate. The camp staff is authorized to attend to any health problem or injury my child may incur while attending camp. I understand that my child must have current and active medical insurance before he/she may attend camp and hereby confirm that he/she does. Neither my child nor I will hold Throw Town Ramona, Throw Town LLC staff, liable for any injuries/illnesses or expenses relation to injuries/illnesses sustained while my son/daughter is at camp.

\_\_\_\_\_  
Date and Signature of Parent/Guardian

**Complete and Mail To:**  
Throw Town LLC 38087  
N 4000 Rd. Ramona, OK  
74061

