

2025 SPRING BREAK TRAINING CAMP

REGISTRATION FORM

Must receive registration forms and payment by March 10th, 2025!

Where high school, college, post collegiate athletes come to train with the professionals

CIRCLE One or Both Training Camp Dates: March 12th-14th or March 19th-21st

Time: 9am to 4pm Wednesday, Thursday & 9am to Noon on Friday

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: \$200 DISCUS or \$60 DISCUS CARRY BAG or \$25 T-SHIRT

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

COST FOR EACH TRAINING CAMP: Athletes All Ages \$250,

Coach or Observing Parents that bring an athlete \$50 No Cost for Top 30 World Ranking Athletes

Please make checks payable to: "Throw Town LLC" or Venmo @calebrseal

SEND REGISTRATION FORMS AND PAYMENT TO:

Caleb Seal
38087 N 4000 Rd
Ramona, OK 74061
throwtownramona@gmail.com

I, _____, the parent/guardian of _____,
Herby gives permission to the Seal Throwing Camp staff authorized medical care on the above name child. I also hereby waive and release Caleb Seal and Seal Throwing Club LLC staff at the Throw Town Ramona, OK facility from any responsibility for injuries and/or medical expenses incurred during the above named camp. All Seal Throwing 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 / Seal Throwing Club LLC 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, Seal Throwing Club 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:

Caleb Seal
38087 N 4000 Rd.
Ramona, OK 74061

