

2025 Throw Town Ramona Throws Camps

REGISTRATION FORM

Deadline: Must receive registration forms and payment by February 21st, 2025!

CIRCLE One or Both Camp Dates: SAT, February 22nd 2025 or Sunday, March 2nd, 2025

Time: 9 a.m. to 4 p.m. (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: \$160 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 PER CLINIC: Athletes \$180, Coaches and Observing Parents that bring an athlete \$40

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

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 to authorize 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 Seal Throwing clinic. 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

