

2025 Throw Town Ramona Throws Camp

REGISTRATION FORM

Deadline: Must receive registration forms and payment by May 28th, 2025!

Two Day Camp Dates: Thursday, May 29th, 2025 thru May 30th, 2025
Times: May 29th: 9 a.m. to 4 p.m. and May 30th: 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

