REGISTRATION FORM

2027 March 1-Day Throws Camp

Deadline: Must receive registration forms and payment by March 5th, 2027!

CAMP DATE: Saturday, March 6th, 2027

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: $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: _____

CAMP COST: Athletes $180 Coaches and Observing Parents: $40

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

SEND REGISTRATION FORMS AND PAYMENT TO:

Throw Town LLC 38087
N. 4000 Rd.
Ramona, OK 74061
(918) -644-9970
throwtownramona@gmail.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, Seal Throwing Club LLC, 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, Seal Throwing Club LLC staff, liable for any injuries/illnesses or expenses relation to injuries/ illnesses sustained while my son/daughter participates at camp.

_____
Date and Signature of Parent/Guardian

Complete and Mail or Email To:
Throw Town LLC
38087 N.4000 Rd.
Ramona, OK 74061
throwtownramona@gmail.com