

## **REGISTRATION FORM**

# **2026 Spring Break Training Camp (Throws)**

**Deadline:** Must receive registration forms and payment by March 17<sup>th</sup>, 2026!

**CAMP DATES:** March 18<sup>th</sup> thru March 20th, 2026

**Times:** March 18th & 19th: (9 a.m. to 4 p.m.) and March 20th: (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: \_\_\_\_\_

**CAMP COST:** Athletes \$260      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) -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, 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 \_\_\_\_\_

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

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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.

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Date and Signature of Parent/Guardian

**Complete and Mail To:**

Throw Town LLC  
38087 N.4000 Rd.  
Ramona, OK 74061

