

# Seal Throwing Clinic!

## REGISTRATION FORM

**Deadline:** Must RSVP by each Friday and Receive Registration forms before clinic begins!

Clinic Date(s): \_\_\_\_\_  
Time: \_\_\_\_\_

**LOCATIONS: Owasso High School or The University of Tulsa**  
**Address: 13901 E 86th St N Owasso OK 74055, 512 S. Delaware Ave, Tulsa, OK 74104**

Please bring your own outdoor and indoor implements, throwing shoes and water!  
If you need to order implements please let me know.

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

**COST OF CLINIC: Athletes \$60, Coaches and Observing Parents \$30**

**Please make checks payable to: "Caleb Seal"**

**SEND REGISTRATION FORMS AND PAYMENT TO:**

**Caleb Seal**  
**6931 N 194th E Ave**  
**Owasso, OK 74055**  
**(918) -770-2128**  
**calebrseal@yahoo.com**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
Herby give permission to the Seal Throwing Camp to authorize medical care on the above name child. I also hereby waive and release Caleb Seal, Owasso Family YMCA, The University of Tulsa and the staff of the Seal Throwing Camp from any responsibility for injuries and/or medical expenses incurred during the Seal Throwing 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 The University of Tulsa.

**Special Medical Concerns:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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## 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 conditions present:

Allergies, Medications, Conditions, Limitations \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize my child's participation in the Seal Throwing 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 The University of Tulsa, Seal Throwing Camp staff, Owasso Public Schools, Family YMCA of Owasso 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  
6931 N 194th E Ave  
Owasso, OK 74055

