

2020 Seal Throwing Camps!

REGISTRATION FORM

Deadline: Must receive registration forms and payment by February 28th, 2020!

CIRCLE One or Both Camp Dates: SAT, February 29th, 2020 or March 7th, 2020
Time: 9 a.m. to 4 p.m. (Lunch Not Provided)

LOCATION: The Owasso Family YMCA
8300 N Owasso Expy, 74055

Please bring your own outdoor and indoor implements, throwing shoes and water!

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

COST OF EACH CLINIC: Athletes \$120, Coaches and Observing Parents \$40

Please make checks payable to: "Caleb Seal"

SEND REGISTRATION FORMS AND PAYMENT TO:

Caleb Seal
6931 N 194th E Ave
Owasso, OK 74055
(918) -261-9126
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: _____



Seal Throwing 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 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 Seal Throwing Camp staff / YMCA 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

