

2012 Seal Throwing Camp!

REGISTRATION FORM

Deadline: Must receive registration forms and payment by February 23, 2012!

Camp Date: Saturday, February 25, 2012

Time: 9 a.m. to 4 p.m. Lunch Provided

LOCATION: Owasso Family YMCA

8300 N Owasso Expy, Owasso, OK 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 CAMP: Athletes \$100, Coaches and Observing Parents \$40

Please make checks payable to: "Caleb Seal"

SEND REGISTRATION FORMS AND PAYMENT TO:

**Caleb Seal
11113 N 143rd E Ave
Owasso, OK 74055
(918) -770-2128
calebrseal@yahoo.com**

I, _____, the parent/guardian of _____, hereby 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, and the staff of the Seal Throwing Camp from any responsibility for injuries and/or medical expenses incurred during the Seal Throwing Camp.

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
11113 N 143rd E Ave
Owasso, OK 74055

