



# WHEELING NAILERS BOOSTER CLUB HOCKEY CLINIC REGISTRATION FORM

In Conjunction with USA Hockey



September 20, 21, and 22, 2024  
Early Bird Cost \$140.00 (by 9/6/24)  
After 9/6/24: \$150.00

PayPal: WheelingNailersBoosters@gmail.com or Venmo: ChristineClagett1

Name of Player: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender of Player \_\_\_\_\_ USA Hockey Number: \_\_\_\_\_

Name(s) of Parent/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Adult Contact Phone Number: \_\_\_\_\_ Adult Email \_\_\_\_\_

CURRENT TEAM(S): \_\_\_\_\_ NUMBER OF YEARS PLAYING \_\_\_\_\_

JERSEY SIZE (Please circle one.)

MITES	Youth S/M	Youth L/XL	Youth Goalie
Adult S	Adult M	Adult L	Adult XL
Adult 2XL	Adult Goalie		

Please list any medical history or injury that could affect playing:

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Does the player have any food allergies?

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I, the undersigned, give permission for the above listed player to participate in the Wheeling Nailers Boosters/USA HOCKEY Clinic.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_