

REGISTER EARLY

NAME _____

AGE

ADDRESS

CITY _____ STATE _____ ZIP

PHONE

SHIRT SIZE: YM YL AS AM AL AXL

******Please circle correct size and be sure to be accurate as adjustments cannot be made.
Shirts graciously sponsored by Gold, Kourey & Turak.***

PLEASE READ AND SIGN THE FOLLOWING RELEASE:

I, Parent/Guardian, approve of my child's participation in WO-Bo's Clinic activities. I waive and release all rights and claims for damages I may have against the Clinic for any injuries suffered by my child in these activities. I attest and verify I have full knowledge of any potential risks involved.

SIGNATURE _____ DATE

REGISTRATION FEE – \$60.00

***FAMILY DISCOUNTS OF \$60.00 FOR FIRST CHILD AND \$40.00 FOR EACH
ADDITIONAL CHILD ARE AVAILABLE.***

Please Make Checks Payable to:

Steve Wojcik or Bo McConnaughy

and mail to:

Steve Wojcik
112 Grant Avenue
Wheeling, WV 26003
242-0158

Bo McConnaughy
33 Hurst
Wheeling, WV 26003
243-7633