

2018 Minnesota WOTN Spring Boys Basketball

First/Last Name: _____ 12U 13U 14U 15U 16U 17U
 Age: _____ DOB : ____ / ____ / _____ Grade:(2017-18) _____ School attending _____
 Address: _____ City/State/Zip: _____
 e-mail Address: _____ Cell Phone: _____
 Parent/Guardian Name: _____ Cell Phone #2: _____
 Height _____ Position _____
Uniform Size (ADULT SIZES): S M L XL XXL

General Information: On-line registration available at www.wearoutthenet.com.

Cost:

- 12U-14U: 5 In-State Tournaments* **\$555.00**
- 15U-17U: 8 In/Out State Tournaments* **\$855.00 (Does not include travel cost)**
- 10 In/Out State Tournaments* **\$1,055.00(Does not include travel cost)**
- ***NY2LA Association 16U and 17U Teams** **\$1,200.00(Does not include travel cost)**
- *Payments accepted: Cash, check, credit card (4% processing fee for on-line credit card payments)**
- *Practice structure: Will offer two practices per week at WOTN or Lakeville facility.**

Consent waiver: I give my son/daughter permission to tryout/participate for a "Wear Out The Net" team. I understand the fees that I am responsible to pay and the tryout fee is non-refundable. I further realize that not all participants of tryouts are guaranteed a position on a team. Additionally, I agree to release Wear Out The Net, Inc. and all participating school districts and gym sites of liability related to accidents or injuries that may occur while my child is trying out or playing Wear Out The Net basketball. I also give permission for emergency medical procedures to be administered if I cannot be contacted in the event of an emergency.

Parent/Guardian Signature: _____ Date: ____ / ____ / 2018

Medical Information:

Try-out Information: Try-outs will be held at the WOTN facility.

Try-out fee: \$20 (NO REFUNDS ON TRYOUT FEE)

Saturday, March 17, 2018		Sunday, March 25, 2018	
12U	10:00am-11:00am	15U	12:00pm-1:00pm
13U	11:30am-12:30pm	16U	1:30pm-2:30pm
14U	1:00pm-2:00pm		
15U	2:30pm-3:30pm		

***15U players should attend one tryout only.**

****Our Top 16U and all 17U teams will be formed by invitation only.**

Office use only:

Try-out # _____ **Amount Paid** _____ **Check #** _____ **CC** _____ **Cash** _____
Playing fee: _____ **Amount Paid** _____ **Check #** _____ **CC** _____ **Cash** _____

Send registration/tryout payment to: WOTN/9913 214th Street W, Suite E/Lakeville, MN 55044