

2018 Wisconsin WOTN Spring Boys Basketball

First/Last Name: _____ 12U 13U 14U 15U 16U
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-15U: 5 In-State Tournaments

\$555.00

16U: 8 In/Out State Tournaments

\$855.00 (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 UWRF or area 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 University of River Falls. (Don Page Arena)

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

Sunday, March 11, 2018

12U-13U 1:00pm-2:15pm

14U-15U-16U 2:45pm-4:00pm

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