



2024 MN Boys WOTN Spring Basketball Registration



Name _____ 11U 12U 13U 14U 15U 16U 17U
(5th) (6th) (7th) (8th) (9th) (10th) (11th)
Age _____ DOB _____ Grade (23-24) _____ School Attending _____
Address _____ City _____ Zip _____
Cell _____ e-mail _____
Height _____ Position _____

UNIFORM: Youth XL Adult: S M L XL (Circle one size-same size for top and short)

TRYOUT INFORMATION:

Fee: \$20 (NO REFUNDS ON TRYOUT FEE) On-line registration available at www.wearoutthenet.com

- * No Parents/Spectators allowed to watch tryout sessions.
- * Players should bring their own basketball and water bottle.

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

11U-14U	6 Tournaments	\$770
15U-17U	8 Tournaments	\$970
15U-17U	9-10 Tournaments(in/out state)	\$1,170/\$1,270

*Payments: Cash, Check, Credit Card (4% processing fee for on-line cc payments/registration)

*Practice Structure: Farmington and Lakeville schools facilities.

*Participation cost could slightly change when tournament fees/admission costs are determined.

I hereby on behalf of myself and my son fully and forever release and discharge Wear Out The Net, Inc. from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated resulting from or arising out of my or my child's attendance at or use of the Wear Out The Net Basketball Academy during their participation in any of the spring team practices and/or games associated with the WOTN spring team season including those which arise out of the negligence of the Wear Out The Net Basketball Academy. Further I hereby release and discharge Wear Out The Net, Inc. from any and all liability for any loss, or theft of, or damage to personal property, including without limitation automobiles and personal possessions. I hereby assume all risks of personal injury, illness/virus, or death which may arise out of attendance at or use of Wear Out The Net, Inc and assume liability.

I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a waiver and release of liability.

I understand that I assume full responsibility for the risk of my child contracting an illness/COVID-19 while participating in Wear Out The Net Basketball during a COVID-19 pandemic.

Parent/Guardian Signature: _____ Date: ____/____/2024

Additional Medical Information:

Send tryout payment to: WOTN/ 1016 Westview Drive, Farmington, MN 55024

Office use only:

Tryout Fee \$20	Payment Amount _____	Check # _____	CC _____	Cash _____
Playing Fee _____	Payment Amount _____	Check # _____	CC _____	Cash _____

TRY-OUT # _____ TEAM _____