

**2024 WOTN Summer Basketball Camps and WOTN Basketball Academy**  
(Place an "x" by the camp(s) you are registering. Grade going into 2024-2025.)

**Grant Erickson Ball Handling Camp~\$80/Session**

**\*Back by POPULAR Demand...Sold out every summer! Be the Best Ball Handler\***

**Session #1: Four Fridays:** 6/14, 6/28, 7/12, 7/19

\_\_\_\_\_ 4th-8th Grade Boys and Girls (9:00am-10:00am)

\* Ball Handling Camp will be held at McGuire Middle School.

**Become a SHOOTER and SCORER Camp~\$80/Session**

**\*Player FAVORITE...SHOOTING GAME SHOTS AT GAME SPEED\***

**Session #2: Four Fridays** 6/14, 6/28, 7/12, 7/19

\_\_\_\_\_ 4th-8th Grade Boys and Girls (10:00am-11:00am)

\*Shooting and Scoring Camp will be held at McGuire Middle School.

**WOTN Basketball Academy~\$80/Session (No T-shirts for Academies)**

**\*Monday-Shooting/Tuesday-Ball Handling/Wednesday-3 on 3, Fastbreak/Thursday-Contests\***

**Session #3: FOUR STRAIGHT DAYS:** Monday-Thursday 7/22, 7/23, 7/24, 7/25

\_\_\_\_\_ 4th-8th Grade Boys (9:00am-10:00am)

**Session #4: FOUR STRAIGHT DAYS:** Monday-Thursday 7/22, 7/23, 7/24, 7/25

\_\_\_\_\_ 4th-8th Grade Boys (10:00am-11:00am)

\* WOTN Academy will be held at McGuire Middle School.

Name \_\_\_\_\_ Grade (2024-2025) \_\_\_\_\_ Gender M F  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Cell \_\_\_\_\_ e-mail \_\_\_\_\_  
Session(s)# \_\_\_\_\_ Total amount paid \$ \_\_\_\_\_

**Circle Summer Camp T-Shirt Size:** Youth Large    Adult S    Adult M    Adult L    Adult XL    Adult XXL

\*No T-Shirts for WOTN Academy.

**Payments accepted: Cash, Check, Credit Card (processing fee on all on-line credit card payments)**

In consideration of your acceptance of my child's entry, I herby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against Wear Out The Net, Inc. and its representatives, successors and assigns for any and all injuries/illness/virus suffered myself or my child at any activity sponsored by this group. I authorize the directors of Wear Out The Net Basketball Academy to act for me according to their best judgement in any emergency requiring medical attention. 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 my child is taking in participating in Wear Out The Net Basketball during a COVID-19 pandemic.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_/2024

Return registration to:  
Wear Out The Net  
1016 Westview Drive  
Farmington, MN 55024

Make checks payable to: **Wear Out The Net**  
**\*\*Payment is non-refundable except for injury.\*\***  
\*Call or e-mail for additional information:  
(952)201-3124/wearoutthenet@frontiernet.net

**Office use only:**

Session # \_\_\_\_\_  
Paid Check # \_\_\_\_\_  
T-Shirt Size \_\_\_\_\_

**Medical information:**