



**2019 WI Boys Wear Out The Net Spring Basketball Registration**

Name \_\_\_\_\_ 11U 12U 13U 14U 15U 16U 17U  
 Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade (2018-19) \_\_\_\_\_ School Attending \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell \_\_\_\_\_ e-mail \_\_\_\_\_  
 Height \_\_\_\_\_ Position \_\_\_\_\_

UNIFORM (ADULT SIZE) S M L XL XXL

**GENERAL INFORMATION: On-line registration available at [www.wearoutthenet.com](http://www.wearoutthenet.com)**

12U-14U	5 In-State Tournaments	\$555
15U-17U	8 In-State Tournaments	\$855
15U-17U	9 In/Out State Tournaments	\$1,055

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

\*Practice Structure: Will offer two practices per week at UWRF Page Arena..

**TRYOUT INFORMATION:**

**Location/Fee: UWRF Page Arena/ \$20 (NO REFUNDS ON TRYOUT FEE)**

**Sunday, March 3, 2019**

**11U-12U 6:30pm-7:45pm**

**13U-14U 8:00pm-9:15pm**

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:** \_\_\_\_/\_\_\_\_/2019

Medical Information:

**Send tryout payment to: WOTN/ 9913 214th St. W, Suite E/ Lakeville, MN 55044**

**Office use only:**

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

**TRY-OUT # \_\_\_\_\_ TEAM \_\_\_\_\_**