



2021 WI Boys WOTN Spring Basketball Registration



Name _____ 12U 14U 15U
 Age _____ DOB _____ Grade (20-21) _____ School Attending _____
 Address _____ City _____ Zip _____
 Cell _____ e-mail _____
 Height _____ Position _____

UNIFORM (ADULT SIZES) S M L XL XXL (Circle one size-same size for top and short)

GENERAL INFORMATION:

On-line registration available at www.wearoutthenet.com

12U-15U 5/6 Tournaments \$565/\$665

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

*All players and coaches will be required to wear masks.

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

*Practice Structure: Somerset High School. Players need to bring their own water bottles and basketballs.

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: ____/____/2021

Additional Medical Information:

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

Office use only:

Playing Fee _____ Payment Amount _____ Check # _____ CC _____ Cash _____

TRY-OUT # _____ TEAM _____