

2021 WOTN Summer Basketball Camps

(Place an "x" by the camp(s) you are registering. Grade going into 2021-2022.)

****Your confirmation will be your online registration or cashed check.****

Grant Erickson Ball Handling Camp~\$72/Session

Back by POPULAR Demand...Sold out every summers! Be the Best Ball Handler

Session #1: Four Fridays: 6/18, 6/25, 7/2, 7/9
_____ 4th-8th grade Boys and Girls (9:00am-10:00am)

Session #2: FOUR STRAIGHT DAYS!!! Monday-Thursday 8/2, 8/3, 8/4, 8/5
_____ 4th-8th grade Boys and Girls (10:00am-11:00am)

Session #3: FOUR STRAIGHT DAYS!!! Monday-Thursday 8/2, 8/3, 8/4, 8/5
_____ 4th-8th grade Boys and Girls (11:00am-12:00pm)

Session #4: FOUR STRAIGHT DAYS!!! Monday-Thursday 8/9, 8/10, 8/11, 8/12
FULL 4th-8th grade Boys and Girls (10:00am-11:00am)

Session #5: FOUR STRAIGHT DAYS!!! Monday-Thursday 8/9, 8/10, 8/11, 8/12
_____ 4th-8th grade Boys and Girls (11:00am-12:00pm)

Become a SHOOTER and SCORER Camp~\$144/Session

Player FAVORITE...SHOOTING GAME SHOTS AT GAME SPEED

Session #6: Eight Fridays 6/18, 6/25, 7/2, 7/9, 7/16, 7/23, 7/30, 8/6
_____ 4th-9th grade Girls (10:00am-11:00am)

Session #7: Eight Fridays 6/18, 6/25, 7/2, 7/9, 7/16, 7/23, 7/30, 8/6
_____ 4th-6th grade Boys (11:00am-12:00pm)

Session #8: Eight Fridays 6/18, 6/25, 7/2, 7/9, 7/16, 7/23, 7/30, 8/6
_____ 7th-8th grade Boys (12:00pm-1:00pm)

Name _____ Grade (2021-2022) _____ Gender M F
Address _____ City/Zip _____
Cell _____ e-mail _____
Session(s)# _____ Total amount paid \$ _____

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

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 _____/2021

Return registration to:
Wear Out The Net
9913 214th Street W, Suite E
Lakeville, MN 55044

Make checks payable to: **Wear Out The Net**
****Payment is non-refundable except for injury.****
*Call or e-mail for additional information:
(952)469-5513/wearoutthenet@frontiernet.net

Office use only:
Session # _____
Paid Check # _____
T-Shirt Size _____

Medical information: