

Kiel Wrestling Club

2018 YOUTH WRESTLING REGISTRATION

The Kiel Wrestling Club is offering a youth wrestling program open to 4K through 4th grade students. Come learn the fundamentals of wrestling and have fun!

Practices will be Monday evenings January 8 through March 12, 2018 at the Kiel High School Wrestling Room
4K – 1st Grade: 5:30-6:30pm
2nd – 4th Grade: 6:30-7:30pm

Registration fee is \$25.00 per wrestler (includes t-shirt).

Any questions can be forwarded to Buddy Kienbaum at 920-946-3704 or e-mail blkienbaum5@gmail.com.

Please complete the registration form below and send with a check payable to "Kiel Wrestling Club Inc." to:
Kiel Wrestling Club
c/o Buddy Kienbaum
13507 State Road 67
Kiel, WI 53042

Kiel Youth Wrestling Registration – 2018

Child's Name _____ **Birth Date** _____

Address _____

Phone Number(s) _____

Email Address _____

**important communications will be sent by email throughout the season*

School Currently Attending _____ **Grade** _____

Weight _____ **T-Shirt Size (circle one)** Youth S Youth M Youth L Adult S Adult M Adult L

I hereby waive any claim or liability on Kiel Wrestling Club and/or KASD (Kiel Area School District), its officers or members arising out of the use of the facilities. I further agree that I will indemnify and save harmless Kiel Wrestling Club and /or KASD from any claims of every kind and description which may be brought against Kiel Wrestling Club, and/or KASD on account of death, injury, or damage to persons or property received by any persons by reason of acts or omissions of the users in their use. I understand the above responsibilities and I give permission for my child to participate in Kiel Wrestling Club activities, and by signing below grant this permission. I authorize Kiel Wrestling Club to use and publish my child's picture and name, without compensation, for purposes relating to its business. This includes, but is not limited, to the local news media and our website / social media pages.

**No child will be turned away due to financial inability.*

Parent/Guardian

Signature _____ **Date** _____

Parent/Guardian

Printed Name _____