

Kiel Wrestling Club

2019 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 7 through March 11, 2019 at the Kiel High School Wrestling Room

4K – 1st Grade: 5:30-6:30pm

2nd – 4th Grade: 6:30-7:30pm

For 4K-1st grade, parent participation with your child each night is highly encouraged.

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

****NEW THIS YEAR****

Join us for Youth Wrestling Registration Night!

Thursday, December 6 between 5:00-6:30pm at the KHS cafeteria.

Stop in and:

- Register for the program
- Check out apparel for purchase
- Pick up used shoes/gear (limited supply)
- Watch our KHS varsity wrestlers at 7pm

If unable to attend registration night, mail form and check payable to "Kiel Wrestling Club" to:

Kiel Wrestling Club
PO Box 63
Kiel, WI 53042

Kiel Youth Wrestling Registration – 2019

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 _____