Play Nicolet/University School
2018 Youth Tackle Football!

The KnightCats and Coaches are committed to making this youth football program a great experience. KnightCats football is designed to teach the basic fundamentals of tackle football and to develop leadership, teamwork, patience, self-respect and the respect for other players and coaches. The objective of the KnightCats program is more about learning than winning. We applaud the efforts of the team and reinforce the importance of teamwork to our players. All efforts are made to ensure quality playing time for all participants.

The KnightCats youth tackle football program is open to all students residing or attending school in the Nicolet Partner School District or University School who will be attending grades 5th through 8th during the year of participation. 4th grade participants may play with the 5th grade team if their physical and emotional maturity allows. All participants are provided an opportunity to contribute to their team through practice and game-day participation. All necessary practice and game-day equipment is furnished by the KnightCats program with the exception of football cleats.

The program starts with pre-season practices beginning August 6th at the Good Hope School and USM practice fields. The games begin in early September (Two scrimmages, eight regular-season games) and culminates with a year-end banquet and awards ceremony. This program’s intent is to provide a complete experience to participants and parents alike.

For questions regarding this program contact Nicolet Athletic/Recreation Director Kirk Krychowiak at: kirk.krychowiak@nicolet.us

Registration Fee - $250.00 ($100.00 per additional family member)

Open to the first 35 registrants per team/grade.

$50.00 deposit is required for each player to secure your spot for the 2018 season due by March 15, 2018. $200.00 balance due by the equipment hand-out on August 5, 2018. Participants can pay the total fee of $250.00 prior to August 5th. Reduced fees, scholarships and payment plans are subject to availability. Contact the Nicolet Recreation Department at (414) 351-7566.

Grade as of 2018-19 school year

| Grade          | Program#:
|----------------|-----------
| 4th & 5th Grade| 311031-01 |
| 6th Grade      | 311031-02 |
| 7th Grade      | 311031-03 |
| 8th Grade      | 311031-04 |

register with:

Nicolet Recreation Department
6701 N. Jean Nicolet Rd.
Glendale, WI 53217

Phone: (414) 351-7566
Fax: (414) 351-4053
www.nicolet.us

On-line registration: https://rec.nicolet.k12.wi.us
Registration Form

Nicolet Recreation Department
6701 N. Jean Nicolet Rd.
Glendale, WI 53217

Phone: (414) 351-7566
Fax: (414) 351-4053

On-line registration; https://rec.nicolet.k12.wi.us

Household Information:

Name (person filling out form):

Address:

City: _________________________ State: _______ Zip: ___________

Home Phone: ___________________ Cell Phone: ___________________

E-mail Address: _______________________________________________________________________

Unless otherwise notified, assume that you are enrolled in the program.

Waiver and Release of Claims

“As a participant/parent/guardian in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss which my child may suffer or sustain as a result of participating in any and/or all activities connected with or associated with such a program. I agree to release and indemnify all claims. I, my child, and any legal guardian or parent/guardian of my child, act for and on behalf of myself, my child, and the legal guardian or parent/guardian of my child, hereby irrevocably and unconditionally release, waive, and forever discharge the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees from and against any and all claims for injuries, damages, or loss which my child may suffer or may incur as a result of my child’s participation in this program. I further agree to indemnify and hold harmless and defend the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, or loss sustained by me as a result of my participation in any and/or all activities associated with this program. I have read and fully understood the above program details and waiver and release of claims.”

Concussion & Head Injury Disclosure

“As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By agreeing to this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion.”

Parent Agreement:

I have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors of a concussion. I understand that a concussion can happen during a game or practice. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice or play. I understand the possible consequences of returning to practice or play too soon and that my brain needs time to heal.

Athlete Agreement:

I have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors of a concussion. I understand that a concussion can happen during a game or practice. I understand that I must provide written clearance from an appropriate health care provider before returning to practice or play. I understand the possible consequences of returning to practice or play too soon and that my brain needs time to heal.

Signature ____________________________________________ Date _______________

Reduced Fee School Meal Program for Nicolet School District Students

For those families who meet the criteria for free school meal program, your child’s class fee can be reduced by 50% (supplies and materials excluded). School lists will be used to verify eligibility. “I certify that my child/children is/are eligible for the reduced free school meal program”

Signature ____________________________________________

Name | Sex | Birthdate | Grade | Program# | Program Name | Fee

| Subtotal Fee:______________________________ | Less Reduced Fee:______________________________ | Total:______________________________ |

Ways To Register: On-line!, Mail, Fax, Walk-In, Phone, & Drop Box

Like us on Facebook

National Register of Exemptions