Athletes will play competitive sports games such as flag football, ultimate frisbee/nerf, capture the flag, baseball/softball, variations of kickball, ball games (including bombardment, dodgeball, scatterball) and many other games. The different sports will build eye, hand, and foot coordination as well as practice teamwork, sportsmanship, and have fun!

**Date:** June 24 - July 25 (skip 7/4)

**Day:** Mondays, Tuesdays, Thursdays

**Time:** 10:20 - 11:20am

**Location:** Nicolet High School - Backfields
(meet in the athletics foyer near the cafeteria)

**Grade:** 5th - 8th grade (as of Fall 2019)

**Fee:** $25.00R/$35.00NR

**Program#:** 311820-01

**Min/Max:** 10/25

**Instructor:** Jeff Fishbach
On-line registration: https://rec.nicolet.k12.wi.us

Registration Form

Household Information: Date:__________________________  Alumni___

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 incur 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 hold harmless all claims I/my child may incur or suffer as a result of participating in this program against the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants and employees from any and all claims from injuries, damages or loss which my child may incur or may suffer on account of my/our 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/them or arising out of, connected with, or in any way associated with the activities of this program. I hereby fully understand the above program details and waiver and release of all 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 or head injury.”

For more information go to: http://www.nicolet.k12.wi.us/cms_files/resources/concussion.pdf

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. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

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 understand the importance of reporting a suspected concussion to my coach. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequences of returning to practice/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 fee school meal program”

Signature ____________________________________________________________

Name  
Sex  
Birthdate  
Grade  
Program#  
Program Name  
Fee  

Subtotal Fee:______________________  Less Reduced Fee:_________________

Total:____________________________

Cash ___ Check ___ / #_____ made payable to Nicolet Recreation Dept.

Credit Card ___ MasterCard ____ Visa ____ Expiration Date_________

Card number __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Cardholder Name____________________________________________

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