

Check out the fun enrichment programs this summer...

Wisconsin Scholastic Chess Federation (WSCF) Chess Camp

Players will receive a balance of instruction vs playing time. Each participant will participate in a 5 round tournament and earn a medal and a Wisconsin rating.

Date: June 19 - 23
Day: Monday - Friday
Location: Nicolet High School - Room C111
Grade: Open to all ages starting in 2nd grade (grade as of Fall 2017)
Fee: \$90.00R/\$100.00NR
Min/Max: 12/24
Instructor: Wisconsin Scholastic Chess Federation Staff



WISCONSIN SCHOLASTIC
CHESS FEDERATION
GROWING YOUNG MINDS FOR THE FUTURE

Session:	Level:	Time:	Program#:
I	Beginner	9:00am - 12noon	312160-01
II	Intermediate	1:00 - 4:00pm	312160-02

Nature Detective Day Camp 2017

Your children will experience all the fun and adventure of the traditional day camp of your childhood! 5 hours each day will give us lots of time for hiking, trail blazing, nature study, fort building and camp craft, art projects, nature music on funky instruments, nutritious snacks, journaling, silly camp songs and traditional camp fun and games. Gumshoes-your assignment-should you decide to accept it- is also to track and subdue the Nefarious Alien Invaders of the Forest! Bring non-perishable lunch in recyclable containers, and dress to get down and dirty.
Avoid disappointment-sign up early!

Date:	August 1 - 4	Ages:	5.5 - 8 years old
Day:	Tuesday - Friday	Fee:	\$140.00R/\$160.00NR
Time:	10:00am - 3:15pm	Program#:	312193-01
Location:	Nicolet High School Room B111 & Backwoods	Min/Max:	4/8
		Instructor:	Wendy Seaman*

Young Rembrandts – Favorite Apps and Video Games Drawing Camp

Art is all around us, including in our phone and online! Join Young Rembrandts for a workshop mimicking the amazing imagery of our Favorite Apps and Video Games! Students will learn new illustration and coloring techniques inspired by popular video games. Artwork is inspired by pixel block characters, plants, zombies and many more classic and new apps and games. If your child loves to game or draw, they'll have a blast putting their own personal touches on some of these favorites – Students will take home fridge-ready artwork every day. All supplies included. Sign up today!

Date: July 24 - 28
Day: Monday - Friday
Time: 2:00 - 4:00pm
Location: Nicolet High School - Room B111
Age: 6 - 12 years old
Fee: \$89.00R/\$99.00NR
Program#: 312810-01
Min/Max: 5/20
Instructor: Young Rembrandts Instructor



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



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Nicolet Recreation

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.

Name	Sex	Birthdate	Grade	Program#	Program Name	Fee

<p>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"</p> <p>Signature _____</p>	<p>Subtotal Fee: _____</p> <p>Less Reduced Fee: _____</p> <p>Total: _____</p>
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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 I/my child may ward or sustain as a result of participating in any and/or all activities connected with or associated with such a program. I agree to waive and relinquish all claims I/my child may ward or may have as a result of participating in this program against the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants and employees. I do hereby fully release and discharge the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which I/my child may ward or may have or which may accrue to me/them 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 and losses sustained by me/them and arising out of, connected with, or in any way associated with the activities of this program. I have read and fully understand the above program details and waiver and release of all claims."

For the activities that apply:
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 coaches and my parents/guardian. 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 consequence of returning to practice/play too soon and that my brain needs time to heal.

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

Credit Card ___ MasterCard ___ Visa ___ Expiration Date _____

Card number _____ - _____ - _____ - _____

Cardholder Name _____

Signature _____ Date _____

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

