

Flag Football League



Nicolet Recreation

Fee: \$52.00R/\$62.00NR



This co-ed 7 vs. 7 program focuses on teaching the basics of football while preparing players for tackle football. Players will learn the fundamentals of running, throwing, receiving, and kicking. Participants play for their respective schools and compete against other schools in the district. All participants will receive a t-shirt.

On Monday, October 16th all games will be played at Nicolet Stadium!!!

Registration fills up fast—don't delay, register today! Registration deadline: Friday, September 8th. A \$15.00 late fee will be assessed for registrations after September 8th. The deadline will be strictly adhered to in our efforts to allow time for making team assignments, ordering team shirts, securing equipment, and creating game schedules.

Officials needed: High school age students are hired to officiate games. If you have an interest in officiating flag football, please email: nate.brooks@nicolet.us

Parents, we need you! Teams will be coached by parent volunteers. For those interested in coaching, please email: nate.brooks@nicolet.us There will be a coaches meeting on *Thursday, September 14th at 6:00pm* - Nicolet High School - athletic conference room. All coaches MUST attend the meeting. You will receive rosters, game schedules, and go over rules, etc. Volunteers are vital to this program.

Schedule

Type:	Date:	Time:	Location:
Practice	September 16	9:00 - 11:00am	Glen Hills Middle School - Backfields
Practice	September 23	9:00 - 11:00am	Glen Hills Middle School - Backfields
Game	September 30	morning	Glen Hills Middle School - Backfields
Game	October 7	morning	Glen Hills Middle School - Backfields
Game	October 16	evening	Nicolet High School - Main Field
Game	October 21	morning	Glen Hills Middle School - Backfields
Game	October 28	morning	Glen Hills Middle School - Backfields

**Please note that game schedules & jerseys will be distributed at the second practice*

1st & 2nd Grade League

School:	Program#:
Parkway	111030-01
Stormonth	111030-02
Indian Hill	111030-03
St. Eugene/St. John	111030-04
Other Schools	111030-05

3rd & 4th Grade League

School:	Program#:
Parkway/Glen Hills	111030-06
Stormonth	111030-07
Maple Dale	111030-08
St. Eugene/St. John	111030-09
Other Schools	111030-10

register with:



Nicolet Recreation

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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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

