

# Junior Knights Wrestling Team – Phase I

This club is for the beginner and experienced wrestlers looking to learn and improve on the fundamentals of wrestling. It will introduce & teach basic wrestling positions & moves from the up, down and neutral positions. Participants will learn wrestling with an emphasis on technique, positioning & sportsmanship in a fun, fast-paced atmosphere. Program instructed by Nicolet Jr. Knights Wrestling Coaches and Nicolet HS Wrestling Coaches. If you have questions or concerns about the program, equipment and other fees please call Coach Ott at 414-303-7187 or email him at: [jotts@att.net](mailto:jotts@att.net)

*\*Option 1: USA Wrestling Card Included:* for wrestlers who don't already have a 2016-17 USA Wrestling Card and who are planning to complete at tournaments during the season (Fee includes t-shirt, USA Card: \$40 value & admission into the Nicolet Jr. Knights Tournament.

*Option 2: USA Wrestling Card Not-Included:* for wrestlers who have already purchased their 2016-17 USA Wrestling Card or who will plan to purchase their card at their first tournament.

You can also renew your cards online at: <http://www.usawmembership.com>  
USA Card required for tournaments – tournament entrance fees, transportation, and equipment fees added as needed

\*\* NOTE - all returning wrestlers with USA cards are strongly encouraged to renew their cards on-line

**Date:** November 29 – January 19 (skip 12/27, 12/29)  
**Day:** Tuesdays and Thursdays  
**Time:** 6:00 - 7:30pm  
**Location:** Nicolet High School - Upper North Gym Balcony  
**Grade:** K4 - 8th grade  
**Min/Max:** 10/50  
**Instructor:** NHS Wrestling Coaching Staff

<b>Option*:</b>	<b>Fee:</b>	<b>Program#:</b>
I - USA Wrestling Card Included	\$95.00R/\$105.00NR	111210-01
II - USA Wrestling Card Not-Included	\$55.00R/\$65.00NR	111210-02



register with:



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

Phone: (414) 351-7566  
Fax: (414) 351-4053  
[www.nicolet.us](http://www.nicolet.us)



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

# Registration Form



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 Glendale, WI 53217

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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><b>Reduced Fee School Meal Program for Nicolet School District Students</b>                  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: _____                  Less Reduced Fee: _____                  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](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**

