

2017 Play Nicolet/University School 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 7th at the Good Hope School and USM practice fields. The games begin in early September (One scrimmage, 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 desposit is required for each player to secure your spot for the 2017 season due by **March 15, 2017**. \$200.00 balance due by the equipment hand-out on August 6, 2017.

Participants can pay the total fee of \$250.00 prior to August 6th. Reduced fees, scholarships and payment plans are subject to availability. Contact the Nicolet Recreation Department at (414) 351-7566.

Grade as of 2017-18 school year

<u>Grade:</u>	<u>Program#:</u>
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



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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: _____ 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

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

