

KIEL RECREATION DEPARTMENT WRESTLING CLINIC



The Kiel Recreation Department is offering a youth wrestling clinic open to Kindergarten through 4th grade students. The schedule will be as follows:

**Held in
Kiel High School
Wrestling Room
5:30 - 7:00 p.m.**

Practice Dates
Tuesday, January 20
Thursday, January 29
Thursday, February 5
Thursday, February 12
Tuesday, February 17
Tuesday, February 24

The registration fee will be \$15 per wrestler. This includes the entry fee to participate in the Kiel/New Holstein/Elkhart youth wrestling tournament in March. Note that shorts and t-shirt should be worn to practice. Please complete the registration form below and send with your check to:

*Melissa Brandt
630 Tenth Street
Kiel, WI 53042*

If you have any questions, please call Brian Goehring at 693-3249 after 6:00 p.m. **Checks should be made payable to the Kiel Recreation Department.**

KIEL WRESTLING CLINIC

Name: _____

Address: _____

E-Mail: _____

Telephone: _____ **Age:** _____ **Approximate Weight:** _____

Grade: _____ **School:** _____

I understand and agree that the City of Kiel, the Kiel Public Schools, the coaches, and everyone connected with the facilities used assume no responsibility for accidents, injuries, medical, or dental expenses incurred by my son/daughter while participating in this program.

Parent's Signature Date