Kiel Wrestling Club

2026/2027 YOUTH WRESTLING REGISTRATION

The Kiel Wrestling Club is offering a youth wrestling program open to 4K through 4th grade students. Come learn the fundamentals of wrestling and have fun!

Practices will be Tuesday evenings December 8 through January 19 at the Kiel High School Wrestling Room (enter front of KHS). No practice December 29.

4K – 1st Grade: 5:30-6:15pm
2nd – 4th Grade: 6:30-7:30pm

Registration fee is $25.00 per wrestler (includes t-shirt).
**If willing to help coach, the registration fee for your child will be waived. No experience needed. Please reach out if interested.

Any questions can be forwarded to Kiel Wrestling Club at kielwrestlingclub@gmail.com

****SAVE THE DATE****
Join us for Youth Wrestling Registration Night & Parent Meeting!
Tuesday, December 1 at 6:00pm in the KHS cafeteria (enter front doors of KHS).

Stop in and:

- Register for the program
- Attend meeting for more info from coaches
- Check out apparel for purchase
- Pick up used shoes/gear (limited supply)

If unable to attend registration night meeting, mail form and check payable to "Kiel Wrestling Club" to:
Kiel Wrestling Club
PO Box 63
Kiel, WI 53042

Kiel Youth Wrestling Registration – 2026/2027

Child's Name _____ ***Birth Date*** _____

Address _____

Phone Number(s) _____

Email Address _____
****important communications will be sent by email throughout the season***

School Currently Attending _____ ***Grade*** _____

Weight _____ ***# Years Experience*** _____ ***T-Shirt Size (circle one) Youth S Youth M Youth L***

Shoe Size _____ ***Adult S Adult M Adult L***

I hereby waive any claim or liability on Kiel Wrestling Club and/or KASD (Kiel Area School District), its officers or members arising out of the use of the facilities. I further agree that I will indemnify and save harmless Kiel Wrestling Club and /or KASD from any claims of every kind and description which may be brought against Kiel Wrestling Club, and/or KASD on account of death, injury, or damage to persons or property received by any persons by reason of acts or omissions of the users in their use. I understand the above responsibilities and I give permission for my child to participate in Kiel Wrestling Club activities, and by signing below grant this permission. I authorize Kiel Wrestling Club to use and publish my child's picture and name, without compensation, for purposes relating to its business. This includes, but is not limited, to the local news media and our website / social media pages.

**No child will be turned away due to financial inability.*

Parent/Guardian Signature_____ **Date**_____

Parent/Guardian Printed Name_____