Kiel Wrestling Club

2026/2027 YOUTH WRESTLING REGISTRATION

5th-8th Grade

The Kiel Wrestling Club is offering a youth wrestling program open to 5th through 8th grade students. Come learn the fundamentals of wrestling and get a head start on your middle school season.

Practices will be Monday evenings December 7 through January 11 at the Kiel High School Wrestling Room (enter front of KHS). No practice December 28.

5th – 8th Grade: 5:30-7:00pm

Registration fee is $25.00 per wrestler (includes t-shirt).
**If willing to help coach, the registration fee for your child will be waived.

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

Bring to first practice or 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***
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_____