

Kaukauna Recreation Department  
2023-2024 Phantom Wrestling Program



**Grades:** 2 - 4  
**Days:** Mondays and Thursdays  
**Dates:** December 4– January 29  
**Times:** 6:00 - 7:15 pm;  
**Location:** Kaukauna High School Wrestling Room  
**Fees:** Free! Kaukauna School District Residents  
\$10.00 Non-Residents

**Parent/Wrestler Orientation Meeting:**  
First night of practice in the Wrestling Room Hallway!  
Parents and wrestlers should plan to attend.  
**Parents are encouraged to stay and watch practice**

**Thursday Nightmare Scramble**  
February 1<sup>st</sup>; Time: 6:00 PM; Riverview Middle  
School

**Apparel:**

- Register by **December 6<sup>th</sup>** for your child to receive a team t-shirt with their last name on it
- T-shirt & shorts required!
- **NO** cut-offs with zippers, buttons, studs, etc.!
- **NO** jewelry of any kind!
- Wrestling shoes or other clean athletic shoes are required! These shoes are to be worn only for wrestling and are to be carried in for use on the mats. No street shoes on the mats at any time!
- Wrestlers are to go directly to the wrestling room. Wandering the building is not allowed!
- Wrestlers should be picked up in the main parking lot in the front of school.

**Detach Bottom Portion and Drop Off or Mail To:**  
Kaukauna Recreation Department  
**207 Reaume Avenue**  
PO Box 890  
Kaukauna, WI 54130

**2023-24 Phantom Wrestling (Please Print)**

Participant Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Mom's Cell (For Texting) \_\_\_\_\_ Mom's Email \_\_\_\_\_

Dad's Cell (For Texting) \_\_\_\_\_ Dad's Email \_\_\_\_\_

(Email & Texting Are Critical Group Communication Tools)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

I hereby agree to release, discharge, indemnify and save the City of Kaukauna and its departments, employees and agents harmless from any and all liability claims, damages and causes of action and costs of defense including attorney fees and other costs of whatever kind or nature which may arise or which result from participating in the above mentioned program. This is also my written permission to have my child admitted and attended to for medical and/or dental treatment in case of sickness or injury. This release shall be binding on the player's heirs, assigns, executors and administrators.

**PRINT Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

T-Shirt Size: (please circle only one):    YS (6-8)    YM (10-12)    YL (14-16)    AS    AM    AL