



2024 Kiel Raider Youth Football Program (5th/6th, 7th & 8th grade students)

Equipment Pickup – Building by the High School Practice Field

Monday August 5th, 2024

5:20-5:35 for all 8th grade students

5:35-5:50 for all 7th grade students

5:50-6:10 for all 5th/6th grade students

Mandatory PARENTS Meeting @ 6:15 Fifrick Field Bleachers

A **\$40.00** equipment fee (includes uniform, helmet, pads, mouth guard) along with the Sign-up Form/Insurance Information & Concussion Waiver (all attached) must be completed and submitted to participate in the program.

Please return the following 3 forms by **May 1st, 2024.**

1. 2024 Football Sign-up Form w/\$40 payment
 - a. Make Check payable to: Kiel Youth Football
2. Parent & Athlete Agreement Form
3. Questions and Contact Information Form

Return Entries to: David Meyer, 9510 Lax Chapel Road, Kiel WI 53042

PRACTICES

Practices will be held after school at the Kiel High School

Most Games will be played on Tuesday evenings. Preliminary Schedule is attached. You will be given a finalized schedule on August 5th.

If you have any questions, please feel free to call or email:

Program Director: David Meyer 920-946-5100 dj44meyer@gmail.com

2024 Kiel Youth Football Sign-up Form

I give _____ (students name) permission to participate in the 2024 Kiel Raider Youth Football Program. Please fill in **all** the blanks as mass communication will take place via email and/or Text.

PLEASE PRINT:

Student's Name: _____ **Birth date:** _____

Street Address: _____ **City & Zip:** _____

Home Phone: _____ **Cell Phone(s):** 1. _____ 2. _____

Parent's Names: _____

Email address(s): 1. _____ 2. _____

Player T- Shirt Size (circle one): YS YM YL AS AM AL AXL AXXL

2024-25 School Year Grade: 5th 6th 7th 8th **School:** _____

In Case of Emergency, please contact:

Name: _____ **Phone:** _____

Athletic Insurance Information and Acknowledgement of Injury Risk

I am informed and acknowledge that participation in interscholastic athletics presents a possible risk of personal injury and property damage. National experience has shown that injuries occurring in the course of participation in interscholastic athletics may be mild, moderate, severe or catastrophic.

I have been informed and acknowledge that the Kiel Youth Football Program, the Kiel Football Alumni Association and the Kiel Optimist Club does not carry or provide group or individual athletic insurance which will provide compensation for potential claims arising out of participation in student athletic programs, to include, but not limited to, claims for personal injury, medical expenses, and property damages

I acknowledge that claims for personal injury, medical expense, and related claims, which arise as the result of participation in interscholastic athletics, should be presented to my insurance carrier who has primary responsibility for providing compensation.

Check one of the following statements and fill out the information as appropriate.

_____ My parents/legal guardian do not carry health or accident insurance.

_____ I am currently insured under the insurance policy identified below, which provides coverage against the potential risks presented by participation in the Kiel Youth Football Program and other student athletic programs.

Name of Insurance Company _____ **Date:** _____

Policy Number _____

Parent/Legal Guardian Signature: _____

Student Signature: _____



PARENT & ATHLETE AGREEMENT

Related to Concussion Law 2011 – Wisconsin Act 172

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing 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. *This form must be completed for every sports season and every youth athletic organization the athlete is involved with.*

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.

Parent/Guardian
Signature _____ Date _____

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.

Athlete
Signature _____ Date _____



Questions and Contact Information

Related to Concussion Law 2011 – Wisconsin Act 172

Name _____ Date _____

Address _____

City _____ Zip _____ County _____

Phone _____ Email _____

Age _____ School _____ School District _____

Check all that apply (*This document must be completed at the beginning of every athletic season*)
I participate in:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Football | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Hockey |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Golf | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Tennis | <input type="checkbox"/> Swimming & Diving | |
| <input type="checkbox"/> Other _____ | | | |

Name of Current Team _____

1. Have you ever had a concussion? _____, if yes, how many? _____

2. Have you ever experienced concussion symptoms? _____ Did you report them? _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Please complete this form and return to the person operating the youth athletic activity.

KIEL RAIDERS
 2024 Youth Football Calendar
 kielraidersfb.com

PRELIM 1/31/2024

SUN		MON		TUE		WED		THUR		FRI		SAT	
4		5	Equip Handout 5:20 Building - KHS Field PARENTS MEETING 6:15PM	6	Practice 5:15-7:15 High School	7	Practice 5:15-7:15 High School	8	Practice 5:15-7:15 High School	9		10	
11		12	Practice 5:15-7:15 High School	13	Practice 5:15-7:15 High School	14	Practice 5:15-7:15 High School	15	Practice 5:15-7:15 High School	16		17	
18		19	Practice 5:15-7:15 High School	20	Practice 5:15-7:15 High School	21	Practice 5:15-7:15 High School	22	Practice 5:15-6:15 Hand Out Game Jerseys PICTURE DAY 6:30PM Turn In Dough Orders	23	VAR at Sheboygan Falls	24	

25-Aug	Practice 5:15-7:15 High School	26-Aug		27-Aug	GAME DAY Kiel at Howards Grove 4:30PM 6th, 7th and 8th	28-Aug	Practice 5:15-7:15 High School	29-Aug	Practice 5:15-7:15 High School	30-Aug	VAR vs Berlin	31-Aug	LABOR DAY WEEKEND
1-Sep		2-Sep	Practice 5:15-7:15 High School	3-Sep	GAME DAY 6th at Reedsville 4:30 8th at Reedsville 5:35 7th at Chilton 4:30	4-Sep		5-Sep	MIDDLE SCHOOL practice 5:15-7:15 Kiel CC home meet VAR at Roncalli	6-Sep		7-Sep	
8		9	Practice 5:15-7:15 High School	10	GAME DAY 6th vs New Holstein 4:30 8th vs New Holstein 5:35 7th at Chilton 4:30	11		12	Practice 5:15-7:15 High School	13	YOUTH NIGHT 8th w/Varsity VAR vs Brillion	14	
15		16	Practice 5:15-7:15 High School	17	GAME DAY Plymouth at Kiel 4:30PM 6th, 7th and 8th	18	Pick-up Cookie Dough 4:45-5:30 Middle School	19	Practice 5:15-7:15 High School	20	VAR at SMC	21	

22-Sep	Practice 5:00-7:00 High School	23-Sep		24-Sep	GAME DAY 6th at Plymouth 4:30 7th vs Brillion 4:30 8th vs SMC 5:35	25-Sep		26-Sep	Practice 5:00-7:00 High School	27-Sep	Homecoming VAR vs. Valdars	28-Sep	
29-Sep	Practice 5:00-7:00 High School	30-Sep		1-Oct	GAME DAY Kiel at Two Rivers 4:30PM 6th, 7th and 8th	2-Oct		3-Oct	Practice 5:00-7:00 High School	4-Oct	VAR at Chilton	5-Oct	
6	Practice 5:00-7:00 High School	7		8	GAME DAY 7th vs Manitowoc 4:30 8th vs Manitowoc 5:35 6th vs Valdars 6:45	9		10	Practice 5:00-7:00 High School	11	VAR at New Holstein	12	
13	Practice 5:00-7:00 High School	14		15	GAME DAY Kiel at Valdars 7th 4:30, 8th 5:35 6th 6:45	16		17	Wash & Dry Uniforms/Pants *****	18	Wash & Dry Uniforms/Pants Senior Night VAR vs KLC	19	Wash & Dry Uniforms/Pants *****
20	Wash & Dry Uniforms/Pants *****	21	Wash & Dry Uniforms/Pants *****	22	Equip Return 4:30 -5:00pm @ High School Shed Bust-Up 5:30pm @KMS Multi-Purpose	23		24		25	VAR - playoffs1	26	

5/6th grade game begins at 4:30 pm unless otherwise noted
 7th grade game begins after 6th grade game has been completed (approx 5:35 pm) unless otherwise noted
 8th grade game begins after 7th grade game has been completed (approx. 6:45 pm) unless otherwise noted
 ** PICTURE DAY will be Thursday August 22nd 6:30 PM

Note: Busing WILL be provided to all Away Games however return rides will be the Parents responsibility!

Away Sites:
 Tues 8/27 403 Audubon Rd. Howards Grove
 Tues 9/3 350 Park St. Reedsville
 Tues 9/3 530 W. Main St. Chilton
 Tues 9/10 530 W. Main St. Chilton
 Tues 9/24 125 S. Highland Ave. Plymouth
 Tues 10/1 4521 Lincoln Ave. Two Rivers
 Tues 10/15 201 W. Wilson St. Valdars

Find Us At: Website: kielraidersfb.com / Facebook: Kiel Football Alumni / Twitter: @KielFootball