

Are you ready for some FOOTBALL!



2013 Kimball Elementary Youth Tackle Football

5th and 6th Grade Tackle Football

Learn the basics of tackle football from coaches on the Kimball Football Teams and from parent volunteers. Equipment will be handed out at an organizational meeting on **Tue. August 6 at 6:30 pm** at the High School Football field. The cost is \$50.00 or \$35.00 if you are an active Booster Club Member. This Cost includes the use of helmet, shoulder pads, jersey, and mouth guard. Pants and pads are not included and can be purchased at several sporting goods stores in St. Cloud. We will play 4 to 5 games during the season and at halftime during one of the varsity football games.

Date: Tuesday, Thursday, Aug. 13 - Oct. 10

Time: 6:00-7:30 p.m.

Place: High School Football Fields

Cost: \$50.00 or \$35.00 if you are an active Booster Club Member (Pants and pads not included.)

3rd and 4th Grade Tackle Football

Learn the basics of tackle football from coaches on the Kimball Football Teams and from parent volunteers. Equipment will be handed out at an organizational meeting on **Tue. August 27 at 6:30 pm** at the High School Football field. The cost is \$50.00 or \$35.00 if you are an active Booster Club Member. This Cost includes the use of helmet, shoulder pads, jersey, and mouth guard. Pants and pads are not included and can be purchased at several sporting goods stores in St. Cloud. We will play at halftime during one of the varsity football games.

Date: Tuesday & Thursday, Sep. 3 - Oct. 10

Time: 6:00-7:30 p.m.

Place: High School Football Fields

Cost: \$50.00 or \$35.00 if you are an active Booster Club Member (Pants and pads not included.)

Registration Form

In consideration of participation in this Kimball Booster Club Activity, I hereby acknowledge and do enter this program at my own risk, assuming all known and unknown risks. I also agree to indemnify and hold harmless the Kimball Booster Club from any and all injuries I may incur. All persons under the age of 18 must have a parent/guardian signature to participate. Additionally I hereby agree to sign and abide by the parent code of conduct.

Parent or Guardian Name

Parent or Guardian Signature

Participant's Name _____ Age _____ Sex _____ Grade _____ Birthdate _____

Phone # _____ Work Phone # _____ Email _____

Address _____ City _____ State _____ Zip _____

Any medical condition? _____ If so, what? _____

Make checks payable to: Kimball Booster Club. Mail to: Kimball Booster Club, P.O. Box 301, Kimball, MN 55353

For information call Brian Becker at 493-1217 or email at: brian@firetrak.com