

# Are you ready for some FOOTBALL!



## 2014 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 5th 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. Pants, pads and **mouth guard** 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. 12 - Oct. 9

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, pads & mouth guard 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 26th 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. Pants, pads & **mouth guard** 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. 2 - Oct. 9

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, pads & mouth guard not included.)

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### 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: Brian Becker, P.O. Box 9, Kimball, MN 55353

For information call Brian Becker at 493-1217 or email at: [brian@firetrak.com](mailto:brian@firetrak.com)