

SHEBOYGAN FALLS YMCA

305 Buffalo Street, Sheboygan Falls, WI 53085

P 920.467.2464 • F 920.467.4641

www.sheboygancountyyymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
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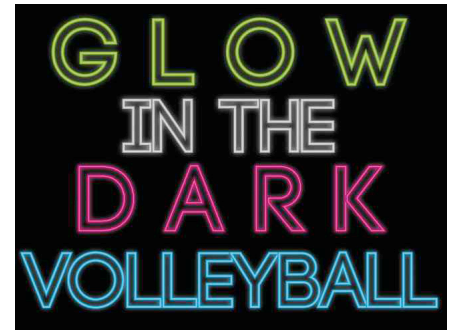


**"GLOW IN THE DARK" COED VOLLEYBALL TOURNAMENT
FRIDAY, NOVEMBER 24, 2017**

for High School Students in Grades 9 - 12

Register your team for this fun coed volleyball tournament! Volleyball will be played in "glow in the dark" conditions in the gym with music. Put a team together for an evening of fun with your friends.

- Each team must have 4 males and 4 females.
- There will be 4 divisions with 4 teams per division.
- Pool play will determine championship brackets.
- Teams are guaranteed 3 matches; 2 games per match rally scored to 25 during pool play.
- Teams with the top two records per division advance to the championship matches.
- Championship matches will be the best 2 of 3 to advance.
- A captain's meeting will be held at 5:30pm, the tournament will begin at 6:00pm.



The tournament will be played at the Sheboygan Falls YMCA. For more information, please contact Fred Huether at fhuether@sheboygancountyyymca.org or 920-467-2464 x207. **The registration deadline is November 10, 2017.**



2017 FALL COED HIGH SCHOOL "GLOW IN THE DARK" VOLLEYBALL TOURNAMENT

Please return to Sheboygan Falls YMCA, 305 Buffalo St, Sheboygan Falls, WI 53085

Team Name _____ Captain _____
 Email _____ Phone 1 _____ Phone 2 _____
 Address _____ City _____ State _____ Zip _____

Player Name	Grade	Player Name	Grade
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____	10. _____	_____

Team Fee
 \$75.00

HOLD HARMLESS AGREEMENT

I hereby agree to waive any claim or liability on the YMCA arising out of use of the facility, and further agree that I will indemnify and save harmless the YMCA from any and all claims of every kind and description which may be brought against the YMCA 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 team to participate and be photographed in YMCA activities.

Captain's Signature _____ **Date** _____

Receipt # _____ Amount Rec'd _____ Rec'd On _____ Rec'd By _____