

SHEBOYGAN YMCA

812 Broughton Drive, Sheboygan, WI 53081
P 920-451-8000 • F 920-451-8019
www.sheboygancountyymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



WOMENS OFFICIATED BASKETBALL LEAGUE
MARCH 6 TO MID-MAY, 2018

Age 18 & Older

This league is for women who enjoy competition and getting a workout on the basketball court. All games 5 on 5, full court. All games will be officiated.

Games will be played on Tuesday evening between 6:00pm - 10:00pm at the Sheboygan YMCA. Schedules will be emailed to captains within the first week of play. Registration is for teams. However, if you do not have a team, please fill out a "free agent" form at the desk to possibly be placed on a team.

The registration deadline is February 20, 2018. For more information, please contact either:

- Matt Mueller
920-451-8000 x117 or mmueller@sheboygancountyymca.org
- Ashley Rietbrock
920-451-8000 x182 or arietbrock@sheboygancountyymca.org



SHEBOYGAN YMCA 2018 SPRING WOMENS OFFICIATED BASKETBALL LEAGUE

Please return to the Sheboygan YMCA, 812 Broughton Drive, Sheboygan, WI 53081

Team Name _____ Captain _____
EMAIL required _____ Phone 1 _____ Phone 2 _____
 Address _____ City _____ State _____ Zip _____

Please check the box if you are a YMCA member.

Player Name	Phone #	Player Name	Phone #
1. _____	<input type="checkbox"/>	6. _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	7. _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	8. _____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	9. _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	10. _____	<input type="checkbox"/>

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** _____

Team Fee

- \$349.00
- \$49.00 discount if at least 3 YMCA members on team*

Receipt # _____ Amount Paid _____ Rec'd By _____ Date _____

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