

**SHEBOYGAN YMCA**

812 Broughton Drive, Sheboygan, WI 53081  
P 920-451-8000 • F 920-451-8019  
[www.sheboygancountyyymca.org](http://www.sheboygancountyyymca.org)



# VARSETY GIRLS SUMMER VOLLEYBALL LEAGUE

## TUESDAYS, JUNE 12 - JULY 31, 2018

**for High School Varsity Girls in Fall 2018**

This league is designed for girls who will be on the varsity volleyball team from the same school district to improve their teamwork and get ready for the upcoming Fall 2018 season. For more information, please contact Matt at [mmueller@sheboygancountyyymca.org](mailto:mmueller@sheboygancountyyymca.org) or 920-451-8000 x117. **There are no matches on July 3.**

- Matches will be at 5:00pm, 6:00pm, 7:00pm and 8:00pm on Tuesdays at the Sheboygan YMCA.
- Play-offs will be on July 31. Only the top FOUR teams from each division will make the play-offs.
- A maximum of TWO teams is allowed per school, one per division.
- Each team must fill out a separate registration form.
- Schedules will be emailed to the team representative.
- Registration is limited to 24 teams. **The registration deadline is May 29, 2018.**



**SHEBOYGAN YMCA 2018 VARSITY GIRLS SUMMER VOLLEYBALL LEAGUE**

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

Team Name \_\_\_\_\_ Team Representative \_\_\_\_\_  
 EMAIL required \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

**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.

**Team Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Preferred Division** *Select one; not guaranteed*

- Green.....Upper Division
- Gold.....Lower Division

**Team Fee per Division**

\$165.00

Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Rec'd By \_\_\_\_\_ Date \_\_\_\_\_