

SHEBOYGAN YMCA

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



WOMENS 6'S SUMMER BEACH VOLLEYBALL

WEDNESDAYS, JUNE 13 - AUGUST 8, 2018

Women Age 18 & Older

Come and join the fun of this 8-week women's summer beach volleyball league! Two leagues will be formed based on skill level if needed. All matches will be officiated. For more information, please contact Matt at 920-451-8000 x117 or mmueller@sheboygancountyymca.org.

- Matches will be played at Deland Park, which is across the street from the Sheboygan YMCA.
- Matches will be played on Wednesday between 5:45pm - 8:45pm.
- Schedules will be emailed to the team captains before the season begins.
- **The registration deadline is May 31, 2018.**



SHEBOYGAN YMCA 2018 WOMENS 6'S SUMMER BEACH VOLLEYBALL LEAGUE
Please return to the Sheboygan YMCA, 812 Broughton Drive, Sheboygan, WI 53081

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

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

- \$139.00 Team Fee
 \$20.00 discount > 3 YMCA members on team

Receipt # _____ Amount Paid _____ Rec'd By _____ Date _____
18SU-1ALEAGVBALL..