



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



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

2020 -2021 WINTER ADULT VOLLEYBALL LEAGUES

MENS 4 ON 4 VOLLEYBALL LEAGUE
DECEMBER 9, 2020 - FEBRUARY 24, 2020

Teams officiate their own matches and must display good sportsmanship.

Wednesday.....Matches between 6:00pm - 10:00pm

WOMENS "A/B+" 6 ON 6 VOLLEYBALL LEAGUE
DECEMBER 7, 2020 - FEBRUARY 22, 2020

The "A" division is an advanced skill level of competition. The "B+" division is fairly well skilled, knowledge of rules and competitive. All matches are officiated.

Monday.....Matches between 6:00pm - 10:00pm

COED "A" 6 ON 6 VOLLEYBALL LEAGUE
DECEMBER 3, 2020 - FEBRUARY 25, 2020

In this top skill level league, teams officiate their own matches and a high level of sportsmanship is required. New teams must be approved by the league coordinator.

Thursday.....Matches between 6:00pm - 10:00pm

COED "B/B+" 6 ON 6 VOLLEYBALL LEAGUE
DECEMBER 3, 2020 - FEBRUARY 25, 2020

The "B+" division is fairly well skilled, knowledge of rules and competitive. The "B" division requires some playing experience. Knowledge of the game, fun and exercise are emphasized. All matches are officiated.

Thursday.....Matches between 6:00pm - 10:00pm

- Leagues run approximately 10 weeks. Schedules and COVID-19 safety modifications will be emailed to captains by the first week of play.
- Teams will NOT be accepted after the registration deadline or without full payment at registration.
- For more information, please contact Collin at cvolpintesta@sheboygancountyyymca.org or 920-451-8000 x121.
- **The registration deadline is November 16, 2020.**

SHEBOYGAN YMCA 2020-2021 WINTER ADULT VOLLEYBALL LEAGUES
 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 I may have 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 brought against the YMCA, its members and volunteers, on account of death, injury, or damage to persons or property received by any persons by reason of the acts or omissions of the users in their use. I also agree to waive any claims against the YMCA, its members and volunteers for injuries or damages that may result from the conduct of other persons, including participants in the program. I understand the above responsibilities and I give permission for my team to participate and be photographed in YMCA activities.

Captain's Signature _____ **Date** _____

MENS VOLLEYBALL LEAGUE - UNOFFICIATED
 \$105.00 Team Fee
 \$20.00 discount if at least 3 YMCA members on team

WOMENS A/B+ VOLLEYBALL LEAGUE
 \$197.00 Team Fee
 \$30.00 discount if at least 3 YMCA members on team
 A Division **B+ Division**

COED A VOLLEYBALL LEAGUE - UNOFFICIATED
 \$105.00 Team Fee
 \$20.00 discount if at least 3 YMCA members on team

COED B/B+ VOLLEYBALL LEAGUE
 \$197.00 Team Fee
 \$30.00 discount if at least 3 YMCA members on team
 B Division **B+ Division**
 Gold lower division
 Green .. upper division

PAYMENT

Cash Check Credit Card # _____ Exp Date _____ 3 Digit Code _____

Receipt # _____ Amount Paid _____ Rec'd By _____ Date _____ 20F2-1ALEAGVBALL