

SHEBOYGAN FALLS YMCA

305 Buffalo Street, Sheboygan Falls, WI 53085

P 920-467-2464 • F 920-467-4641

www.sheboygancountymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



MIDDLE SCHOOL GIRLS VOLLEYBALL LEAGUE

THURSDAYS, APRIL 22 - JUNE 3, 2021

Girls in Grades 7 - 8

Get your **team roster** together for this volleyball league, which will help girls develop team play and work on fundamentals. Matches are played on Thursday evening between 6:00pm - 9:00pm in the Sheboygan Falls YMCA gymnasium.



For more information, please contact Ashley at arietbrock@sheboygancountymca.org or 920-467-2464 x207. **The registration deadline is April 8, 2021.**

SHEBOYGAN FALLS YMCA 2021 SPRING MIDDLE SCHOOL GIRLS VOLLEYBALL LEAGUE

Please return to the Sheboygan Falls YMCA, 305 Buffalo Street, Sheboygan Falls, WI 53085

Team Name _____ Coach _____

Email Required _____ Phone 1 _____ Phone 2 _____

Address _____ City _____ State _____ Zip _____

Scheduling Considerations _____

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

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.

Coach's Signature _____ **Date** _____

FEE PER TEAM

\$100.00

Click on button to email form.
YMCA will contact you for payment.
(unless credit card information noted below)

PAYMENT

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

Receipt # _____ Amount Paid _____ Rec'd By _____ Date _____ 21S1-2YLEAGVBALL