

**SHEBOYGAN YMCA**

812 Broughton Drive, Sheboygan, WI 53081

P 920-451-8000 • F 920-451-8019

[www.sheboygancountyyymca.org](http://www.sheboygancountyyymca.org)



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



**HIGH SCHOOL BOYS 9' BASKETBALL LEAGUE**  
**WEDNESDAYS, SEPTEMBER 14 - OCTOBER 26, 2022**

**Grades 9 - 12 in Fall 2022**

Have you wondered what it would be like to play like Giannis, LeBron or Steph? Well now you can! Get your team together for the 9-ft hoops league and have fun trying to do things on the court like your favorite NBA superstar.

Games will be played on Wednesday evenings between 5:30pm - 9:00pm in the East Gym. All games will be officiated. There is a maximum of 8 teams in the league. Play-offs will be held the last week. The winning team will receive championship t-shirts.



Please contact Taylor at 920-451-8000 x121 or [tzastrow@sheboygancountyyymca.org](mailto:tzastrow@sheboygancountyyymca.org) for more information. **The registration deadline is September 7, 2022.**

**SHEBOYGAN YMCA 2022 HIGH SCHOOL BOYS 9' 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 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** \_\_\_\_\_

**TEAM FEE**

\$259.00 Team Fee  
*\$30.00 discount if at least 3 YMCA members on team*

**PAYMENT**

Cash  Check  Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Rec'd By \_\_\_\_\_ Date \_\_\_\_\_ 22F1-1YLEAGBBALL