

**SHEBOYGAN FALLS YMCA**

305 Buffalo Street, Sheboygan Falls, WI 53085

P 920-467-2464 • F 920-467-4641

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



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



**SUMMER 3X3 BASKETBALL TOURNAMENT**  
**SATURDAY, JULY 23, 2022**

**Boys and Girls in Grades 2 - 5 in Fall 2022**

Missing basketball?!? Grab some friends and get a team together for this fun one-day 3v3 basketball tournament. Rules and schedules will be emailed to coaches the week before the tournament.

- Games will be played at the Sheboygan Falls YMCA (if needed, also at Sheboygan YMCA)
- Each team is guaranteed 3 games
- The maximum number of players on a team is 5
- If possible, grades will be separated
  - Grades 2 - 3 hoops will be set at 9 feet
  - Grades 4 - 5 hoops will be set at 10 feet



For more information, please contact Ashley at [aliermann@sheboygancountymca.org](mailto:aliermann@sheboygancountymca.org) or 920-467-2464 x207. **The registration deadline is July 8, 2022.**

**SHEBOYGAN FALLS YMCA 2022 SUMMER 3X3 BASKETBALL TOURNAMENT**  
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. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____		

**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**

\$80.00

**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 \_\_\_\_\_ 22SU-2Y3V3TOUR...