



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



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

2022 SUMMER ADULT VOLLEYBALL LEAGUES



WOMENS "A" 4 ON 4 VOLLEYBALL LEAGUE **JUNE 15 - AUGUST 3, 2022**

The "A" division is an advanced skill level of competition. Teams officiate their own matches. A high level of sportsmanship is required from all players.

WednesdayMatches between 6:00pm - 9:00pm

WOMENS "B+" 4 ON 4 VOLLEYBALL LEAGUE **JUNE 15 - AUGUST 3, 2022**

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

WednesdayMatches between 6:00pm - 9:00pm

- Teams will NOT be accepted after the registration deadline or without full payment at registration.
- For more information, please contact Matt at mmueller@sheboygancountymca.org or 920-451-8000 x117.
- **The registration deadline is June 6, 2022.**

SHEBOYGAN YMCA 2022 SUMMER 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 #	<input type="checkbox"/>	Player Name	Phone #	<input type="checkbox"/>
1. _____	_____	<input type="checkbox"/>	5. _____	_____	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	6. _____	_____	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	7. _____	_____	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	8. _____	_____	<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** _____

WOMENS "A" 4 ON 4 VOLLEYBALL LEAGUE (unofficial)

- \$99.00 Team Fee
 \$20.00 discount if at least 3 YMCA members on team

WOMENS "B+" 4 ON 4 VOLLEYBALL LEAGUE

- \$149.00 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 _____ *22SU-1ALEAGVBALL*