

**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

**MARCH MANIA 3 VS 3 BASKETBALL TOURNAMENT**  
**SATURDAY, MARCH 16, 2024**



**Boys and Girls in Grades 2 - 3**

End the basketball season with a bang! Get your team into March madness as well and sign up for the March Mania 3 vs 3 Basketball Tournament. Rules and schedules will be emailed to coaches a week before the tournament.

- Games will be played at the Sheboygan Falls YMCA
- Each team guaranteed 3 games
- If possible, grades will be separated
- Hoops will be set at 9 feet

For more information, please contact Ashley at [aliermann@sheboygancountymca.org](mailto:aliermann@sheboygancountymca.org) or 920-467-2464 x207. **The registration deadline is March 1, 2024.**

**2024 MARCH MANIA 3 VS 3 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 \_\_\_\_\_

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**

\$70.00

**BOYS**

2nd grade

3rd grade

**GIRLS**

2nd grade

3rd grade

**Email form to:**

**[aliermann@sheboygancountymca.org](mailto:aliermann@sheboygancountymca.org)**

**PAYMENT**

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

Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Rec'd By \_\_\_\_\_ Date \_\_\_\_\_ 24S1-2Y3V3TOUR...