

**SHEBOYGAN FALLS YMCA**

305 Buffalo Street, Sheboygan Falls, WI 53085

P 920-467-2464 • F 920-467-4641

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



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**COED HIGH SCHOOL 9-FT BASKETBALL LEAGUE**  
**MONDAYS, JUNE 17 - JULY 22, 2024**



**Fall 2024 High School Students**

Calling all high school basketball players! Grab a group of friends and come join the Sheboygan Falls YMCA 9-ft Basketball League. Games will be on Monday nights starting at 5:00pm. Games will consist of two 20-minute halves with the clock stopping for every whistle blow during the last 2 minutes of each half. **No games on July 1st.**

For questions about the league, please contact Ashley at [aliermann@sheboygancountyyymca.org](mailto:aliermann@sheboygancountyyymca.org) or 920-467-2464 x207. **The registration deadline is June 7, 2024.**



**SHEBOYGAN FALLS YMCA 2024 COED HIGH SCHOOL 9-FT BASKETBALL LEAGUE**

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

Team Name \_\_\_\_\_ Team Contact \_\_\_\_\_  
**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.

**Team Captain Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FEE PER TEAM**

\$80.00

**Email form to: [aliermann@sheboygancountyyymca.org](mailto:aliermann@sheboygancountyyymca.org)**

**PAYMENT**

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

Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Rec'd By \_\_\_\_\_ Date \_\_\_\_\_ **24SU-2YLEAGBBALL**