

**SHEBOYGAN YMCA**

812 Broughton Drive, Sheboygan, WI 53081

P 920-451-8000 • F 920-451-8019

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



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
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# ADULT RACQUETBALL LEAGUES

## FALL LEAGUE: SEPTEMBER 16 - DECEMBER 16, 2024



### A & B Divisions

Join our singles mutual play racquetball leagues! They are fun, a great work out and a great way to meet people. You will receive your match list and schedule of games with your opponents. You will then arrange your match with a scheduled partner each week at your convenience. This is great for those who have an unpredictable schedule. Divisions are coed.

For more information or questions, please contact Taylor Zastrow at [tzastrow@sheboygancountymca.org](mailto:tzastrow@sheboygancountymca.org) or 920-451-8000 x121.

**The registration deadline is September 12, 2024.**

### Divisions

- A division is for above average players in good condition who are looking for above average competition.
- B division is for experienced intermediate players who like to play different people and get a good workout.

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### SHEBOYGAN YMCA 2024 FALL ADULT RACQUETBALL LEAGUES

Please return to the Sheboygan YMCA, 812 Broughton Drive, Sheboygan, WI 53081

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  M  F

Email \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

### 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 myself and/or my child to participate and be photographed in YMCA activities.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> <b>Division</b> | <input checked="" type="checkbox"/> <b>Fee (includes a can of racquetballs)</b> |
| <input type="checkbox"/> A                          | <input type="checkbox"/> \$30.00 YMCA Member                                    |
| <input type="checkbox"/> B                          | <input type="checkbox"/> \$65.00 Participant                                    |

**Email form to: [tzastrow@sheboygancountymca.org](mailto:tzastrow@sheboygancountymca.org)**

### Payment

Cash  Check # \_\_\_\_\_

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

Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Rec'd By \_\_\_\_\_ Date \_\_\_\_\_

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