



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

2024 FALL ADULT VOLLEYBALL LEAGUES

WOMENS "A/B+" 6 ON 6 VOLLEYBALL LEAGUE
SEPTEMBER 9 - NOVEMBER 18, 2024

The "A" division is an advanced skill level of competition. The "B+" division is fairly well skilled, knowledge of rules and competitive. All matches are officiated.

Monday.....Matches between 6:00pm - 10:00pm



- Leagues run approximately 10 weeks. Schedules will be emailed to captains by the first week of play.
- Full time players are only allowed to play on *one team per division*.
- For more information, please contact Taylor at tzastrow@sheboygancountymca.org or 920-451-8000 x121.
- **The registration deadline is September 2, 2024.**

COED "A" 6 ON 6 VOLLEYBALL LEAGUE
SEPTEMBER 5 - NOVEMBER 21, 2024

In this top skill level league, teams officiate their own matches and a high level of sportsmanship is required. New teams must be approved by the league coordinator.

Thursday.....Matches between 6:00pm - 10:00pm

COED "B/B+" 6 ON 6 VOLLEYBALL LEAGUE
SEPTEMBER 5 - NOVEMBER 21, 2024

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

Thursday.....Matches between 6:00pm - 10:00pm

SHEBOYGAN YMCA 2024 FALL 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 #		Player Name	Phone #	
1. _____	_____	<input type="checkbox"/>	6. _____	_____	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	7. _____	_____	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	8. _____	_____	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	9. _____	_____	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	10. _____	_____	<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/B+ VOLLEYBALL LEAGUE

- \$199.00 Team Fee
 \$30.00 discount if at least 3 YMCA members on team
- A Division**
- B+ Division**

Email form with payment to Taylor Zastrow:
tzastrow@sheboygancountymca.org

COED A VOLLEYBALL LEAGUE - UNOFFICIATED

- \$107.00 Team Fee
 \$20.00 discount if at least 3 YMCA members on team

COED B/B+ VOLLEYBALL LEAGUE

- \$199.00 Team Fee
 \$30.00 discount if at least 3 YMCA members on team
- B Division**
- B+ Division**
 - Gold ...lower division**
 - Green ..upper division**

PAYMENT

Cash Check Credit Card # _____ Exp Date _____ 3 Digit Code _____

Receipt # _____ Amount Paid _____ Rec'd By _____ Date _____ 24F1-1ALEAGVBALL