

**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

**MIDDLE SCHOOL GIRLS VOLLEYBALL LEAGUE**  
**THURSDAYS, NOVEMBER 7 - DECEMBER 19, 2024**



**Girls in Grades 7 - 8**

Get your **team roster** together for this volleyball league, which will help girls develop team play and work on fundamentals. Matches are played on Thursday evening between 5:00pm - 8:00pm in the Sheboygan Falls YMCA gymnasium.

For more information, please contact:

Leondre at [ltownsend@sheboygancountymca.org](mailto:ltownsend@sheboygancountymca.org)  
920-467-2464 x207

Ashley at [aliermann@sheboygancountymca.org](mailto:aliermann@sheboygancountymca.org)  
920-467-2464 x202.

**The registration deadline is October 18, 2024.**

**SHEBOYGAN FALLS YMCA 2024 FALL MIDDLE SCHOOL GIRLS VOLLEYBALL LEAGUE**

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

Coach \_\_\_\_\_ Team Name \_\_\_\_\_

**Email Required** \_\_\_\_\_ Phone 1 \_\_\_\_\_

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.

**Coach's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FEE PER TEAM**

\$110.00

**Email form to:**

[ltownsend@sheboygancountymca.org](mailto:ltownsend@sheboygancountymca.org)

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

**PAYMENT**

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

Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Rec'd By \_\_\_\_\_ Date \_\_\_\_\_ 2Y