

**SHEBOYGAN FALLS YMCA**

305 Buffalo Street, Sheboygan Falls, WI 53085

P 920-467-2464 • F 920-467-4641

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



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**PICKLEBALL ROUND ROBIN PLAY**  
**NOVEMBER 8 - DECEMBER 20, 2024**

**Age 18 & Older for Men and Women**

Looking for some extra time to play pickleball? Come join our round robin play on Friday afternoons at the Berkshire Gym. Play will be individual play, **not team play**. Each round you will play with a different partner against different opponents every game. Play to 11 points or 15 minutes, whichever comes first. Record your score at the end of each game and be ready to play the next. Can play up to 6 games or more in one day! Total scores for 6 weeks will receive a pickle ball t-shirt. **No games will be played on November 29th.**

Friday ..... 11:30am - 3:00pm

Please contact Ashley Liermann at [aliermann@sheboygancountymmca.org](mailto:aliermann@sheboygancountymmca.org) or 920-467-2464 x202 for more information or questions about the round robin play.



**SHEBOYGAN FALLS YMCA 2024 FALL PICKLEBALL ROUND ROBIN**

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

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** \_\_\_\_\_

**Fee**  \$10.00 / person

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

**Payment**  Cash  Check # \_\_\_\_\_

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

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

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