

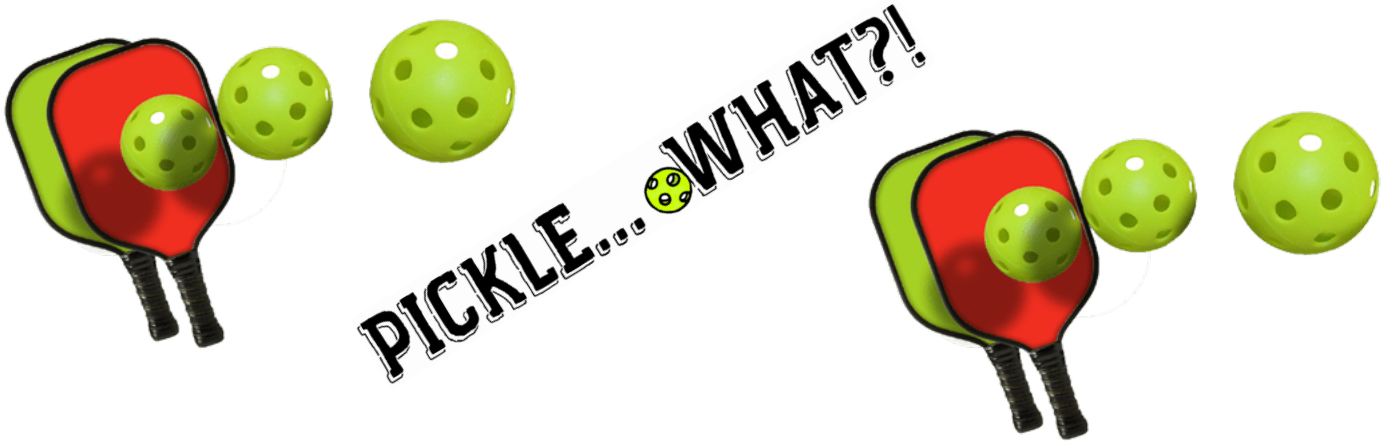
PICKLEBALL ROUND ROBIN PLAY FEBRUARY 23 - APRIL 5, 2024

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. If you can't make every Friday just sign up for the days you can make it. **No games will be played on March 29th.**

Friday 11:30am - 3:00pm

Please contact Ashley Liermann at aliermann@sheboygancountyyymca.org or 920-467-2464 x207 for more information or questions about the round robin play.



SHEBOYGAN FALLS YMCA 2024 SPRING 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 **Dates available to play:** Feb 23 Mar 1 Mar 8
 Mar 15 Mar 22 Apr 5

Payment Cash Check # _____ **Email form to:** aliermann@sheboygancountyyymca.org
 Credit Card # _____ Exp Date _____ 3 Digit Code _____

Receipt # _____ Amount Paid _____ Rec'd By _____ Date _____