

## SHEBOYGAN YMCA

812 Broughton Drive, Sheboygan, WI 53081

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



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
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# VARSITY GIRLS SUMMER VOLLEYBALL LEAGUE

## TUESDAYS, JUNE 11 - AUGUST 6, 2024

### for High School Varsity Girls in Fall 2024

This league is designed for girls who will be on the varsity volleyball team from the same school district to improve their teamwork and get ready for the upcoming Fall 2024 season. Please contact Taylor at [tzastrow@sheboygancountymmca.org](mailto:tzastrow@sheboygancountymmca.org) or 920-451-8000 x121, for more information.

- Matches will be played at 6:00pm, 7:00pm and 8:00pm on Tuesdays at the Sheboygan YMCA in the **air conditioned Lohmann Gym!**
- No matches on July 2, 2024.
- Play-offs will be on August 6. Only the top FOUR teams from each division will make the play-offs.
- A maximum of TWO teams is allowed per school, one per division.
- Each team must fill out a separate registration form.
- Schedules will be emailed to the team representative.
- Registration is limited to 24 teams. **The registration deadline is June 1, 2024.**



### SHEBOYGAN YMCA 2024 SUMMER VARSITY GIRLS SUMMER VOLLEYBALL LEAGUE

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

Team Name \_\_\_\_\_ Team Representative \_\_\_\_\_

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

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

Scheduling Considerations \_\_\_\_\_

Player Name	Phone #	Player Name	Phone #
1. _____	_____	7. _____	_____
2. _____	_____	8. _____	_____
3. _____	_____	9. _____	_____
4. _____	_____	10. _____	_____
5. _____	_____	11. _____	_____
6. _____	_____	12. _____	_____

### 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.

Team Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

### FEE PER TEAM

☐ \$180.00

### PREFERRED DIVISION (select one - may be separated)

☐ Green ..... Upper Division

☐ Gold ..... Lower Division

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

### PAYMENT

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

Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Rec'd By \_\_\_\_\_ Date \_\_\_\_\_ 24SU-1YLEAGVBALL