

SHEBOYGAN FALLS YMCA

305 Buffalo Street, Sheboygan Falls, WI 53085

P 920-467-2464 • F 920-467-4641

www.sheboygancountymmca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEN'S DOUBLES PICKLEBALL LEAGUE

JANUARY 12 - FEBRUARY 16, 2024

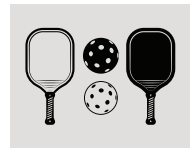
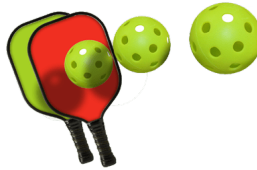
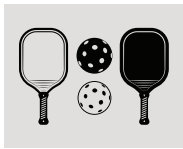
Age 18 & Older

Grab a partner and join our Men's Doubles Pickle Ball League! League will be played on Fridays at the Berkshire Gym during your scheduled time. If you can't make a Friday, you will have to make it up during the week.

- Players will get slotted an hour time to finish their 3-game matches scoring to 11 points.
- Playoffs will be on February 16th, seeding will be awarded by how many points you scored during the league.
- Winners of the league will receive a Championship Pickleball t-shirt.
- **Registration deadline is December 22, 2023.**

Friday 12:00pm - 3:00pm

For more information or questions about the league please contact Ashley Liermann at aliermann@sheboygancountymmca.org or 920-467-2464 x207



SHEBOYGAN FALLS YMCA MEN'S DOUBLES PICKLEBALL LEAGUE

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

Name 1 _____ Birth Date _____ M

Name 2 _____

Email _____ Phone 1 _____ Phone 2 _____

Address _____ City _____ State _____ Zip _____

Team Name _____

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 _____

- Team Fee
- \$20.00

Email form to: aliermann@sheboygancountymmca.org

Payment

Cash Check # _____

Credit Card # _____ Exp Date _____ 3 Digit Code _____

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

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