

**SHEBOYGAN FALLS YMCA**

305 Buffalo Street, Sheboygan Falls, WI 53085

P 920-467-2464 • F 920-467-4641

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



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WOMEN'S DOUBLES PICKLEBALL LEAGUE

## JANUARY 12 - FEBRUARY 16, 2024

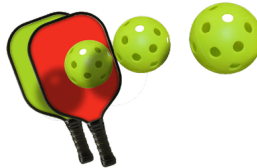
**Age 18 & Older**

Grab a partner and join our Women'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 .....10:00am - 12:00pm

For more information or questions about the league please contact Ashley Liermann at [aliermann@sheboygancountyyymca.org](mailto:aliermann@sheboygancountyyymca.org) or 920-467-2464 x207



**SHEBOYGAN FALLS YMCA WOMEN'S DOUBLES PICKLEBALL LEAGUE**

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

Name 1 \_\_\_\_\_ Birth Date \_\_\_\_\_  F  
 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@sheboygancountyyymca.org](mailto:aliermann@sheboygancountyyymca.org)**

**Payment**

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

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

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