

SHEBOYGAN YMCA

812 Broughton Drive, Sheboygan, WI 53081

P 920-451-8000 • F 920-451-8019

www.sheboygancountyyymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2025 SPRING ADULT 5X5 FLAG FOOTBALL LEAGUE
APRIL 12 - JUNE 7, 2025
SATURDAY, 8:00AM - 12:00PM

Ages 18+

Come join our 5x5 Adult Flag Football League. This is a non-blocking league for adults. Standings will be kept and a champion will be crowned! Form your own team or sign up as a free agent. Games will be played at Vollrath Park in Sheboygan.

- League runs 8 weeks. Schedules will be emailed to captains by the first week of play.
- Please contact Taylor at tzastrow@sheboygancountyyymca.org or 920-451-8000 x121 for more information.
- **The registration deadline is April 4, 2025.**



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

Free Agent Name _____ **OR**
Team Name _____ Team Leader _____

Email Required _____ Phone 1 _____ Phone 2 _____
Address _____ City _____ State _____ Zip _____

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

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.

Captain's Signature _____ **Date** _____

ADULT 5X5 FLAG FOOTBALL LEAGUE

- \$200.00 Team Fee
- \$30.00 **Free Agent**

PREFERRED SHIRT/JERSEY COLOR

- 1. _____
- 2. _____
- 3. _____

Email form with payment to:
Taylor Zastrow: tzastrow@sheboygancountyyymca.org

PAYMENT

Cash Check Credit Card # _____ Exp Date _____ 3 Digit Code _____

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