

SHEBOYGAN FALLS YMCA

305 Buffalo Street, Sheboygan Falls, WI 53085

P 920-467-2464 • F 920-467-4641

www.sheboygancountyyymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

COED HIGH SCHOOL 9-FT BASKETBALL LEAGUE MONDAYS, JUNE 16 - JULY 21, 2025



Fall 2025 High School Students

Calling all high school basketball players! Grab a group of friends and come join the Sheboygan Falls YMCA 9-ft Basketball League. Games will be on Monday nights starting at 5:00pm. Games will consist of two 20-minute halves with the clock stopping for every whistle blow during the last 2 minutes of each half. **No games on June 30th.**

For questions about the league, please contact Leondre at ltownsend@sheboygancountyyymca.org or 920-467-2464 x207. **The registration deadline is June 6, 2025.**



SHEBOYGAN FALLS YMCA 2025 COED HIGH SCHOOL 9-FT BASKETBALL LEAGUE

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

Team Name _____ Team Captain _____

Email Required _____ Phone 1 _____ Phone 2 _____

Address _____ City _____ State _____ Zip _____

Scheduling Considerations _____

Player Name	Grade	Player Name	Grade
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.

Team Captain Signature _____ Date _____

FEE PER TEAM

☐ \$80.00

Email form to: ltownsend@sheboygancountyyymca.org

PAYMENT

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

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