

**SHEBOYGAN YMCA**

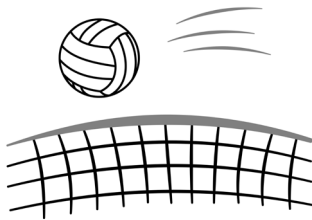
812 Broughton Drive, Sheboygan, WI 53081

P 920-451-8000 • F 920-451-8019

www.sheboygancountymca.orgFOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**2025 FALL ADULT VOLLEYBALL LEAGUES****WOMENS "A/B+" 6 ON 6 VOLLEYBALL LEAGUE****SEPTEMBER 8 - NOVEMBER 17, 2025**

The "A" division is an advanced skill level of competition. The "B+" division is fairly well skilled, knowledge of rules and competitive. All matches are officiated.

MondayMatches between 6:00pm - 10:00pm

**COED "A" 6 ON 6 VOLLEYBALL LEAGUE****SEPTEMBER 11 - NOVEMBER 20, 2025**

In this top skill level league, teams officiate their own matches and a high level of sportsmanship is required. New teams must be approved by the league coordinator.

ThursdayMatches between 6:00pm - 10:00pm

COED "B/B+" 6 ON 6 VOLLEYBALL LEAGUE**SEPTEMBER 11 - NOVEMBER 20, 2025**

The "B+" division is fairly well skilled, knowledge of rules and competitive. The "B" division requires some playing experience. Knowledge of the game, fun and exercise are emphasized. All matches are officiated.

ThursdayMatches between 6:00pm - 10:00pm

- Leagues run approximately 10 weeks. Schedules will be emailed to captains by the first week of play.
- Full time players are only allowed to play on *one team per division*.
- For more information, please contact Taylor at tzastrow@sheboygancountymca.org or 920-451-8000 x121.
- **The registration deadline is September 4, 2025.**

SHEBOYGAN YMCA 2025 FALL ADULT VOLLEYBALL LEAGUES

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

Team Name _____

Captain _____ Birth Date _____ ☐ M ☐ F

Email Required _____ Phone _____

Address _____ City _____ State _____ Zip _____

Please check the box if you are a YMCA member.

Player Name	Phone #		Player Name	Phone #	
1. _____	_____	<input type="checkbox"/>	6. _____	_____	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	7. _____	_____	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	8. _____	_____	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	9. _____	_____	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	10. _____	_____	<input type="checkbox"/>

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 _____

WOMENS A/B+ VOLLEYBALL LEAGUE

☐ \$199.00 Team Fee
\$30.00 discount if at least 3 YMCA members on team

- ☐ **A Division**
☐ **B+ Division**

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

COED A VOLLEYBALL LEAGUE - UNOFFICIATED

☐ \$107.00 Team Fee
\$20.00 discount if at least 3 YMCA members on team

COED B/B+ VOLLEYBALL LEAGUE

☐ \$199.00 Team Fee
\$30.00 discount if at least 3 YMCA members on team

- ☐ **B Division** ☐ **B+ Division**
☐ **Goldlower division**
☐ **Green ..upper division**

PAYMENT

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

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