

SHEBOYGAN FALLS YMCA

305 Buffalo Street, Sheboygan Falls, WI 53085

P 920-467-2464 • F 920-467-4641

www.sheboygancountymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



SPRING BREAK SPORTS CLINICS

MARCH 24 - 29, 2025



Come on down to the Falls Y during Spring Break to sharpen your sports skills and run off some energy. There's something for everyone - come check it out!

MARCH 24, 2025 - KICKBALL CLINIC

Ages 6 - 12

A fun day clinic to learn and play kickball, with emphasis on teamwork kicking accuracy, and fielding skills.

Monday5:00pm - 6:30pm

MARCH 25, 2025 - VOLLEYBALL FUNDAMENTALS CLINIC

Ages 8 - 12

This clinic covers the basics of volleyball, including how to pass, serve and set, along with an introduction to playing as a team.

Tuesday4:00pm - 5:30pm

MARCH 26, 2025 - T-BALL CLINIC

Ages 5 - 8

A day of fun baseball/softball drills focusing on core skills, including hitting, fielding, and base running.

Wednesday4:00pm - 5:30pm



MARCH 27, 2025 - DODGEBALL CLINIC

Ages 7 - 12

This clinic is designed for kids to learn the basics of dodgeball, including throwing, dodging, and teamwork strategies. Participants will play games that emphasize agility, hand-eye coordination, and sportsmanship.

Thursday4:00pm - 5:30pm

MARCH 28, 2025 - FLAG FOOTBALL FUN

Ages 6 - 12

This one-day clinic focuses on learning how to play flag football, with emphasis on teamwork, agility and having fun.

Friday4:00pm - 5:30pm

For more information, please contact Leondre at ltownsend@sheboygancountymca.org or 920-467-2464 x207.

SHEBOYGAN FALLS YMCA 2025 SPRING SPRING BREAK SPORTS CLINICS
Please return to the Sheboygan Falls YMCA, 305 Buffalo Street, Sheboygan Falls, WI 53085

Parent/Guardian _____ Birth Date _____ M F
Email _____ Phone _____
Child _____ Birth Date _____ Grade _____ M F
School _____
Address _____ City _____ State _____ Zip _____

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.

Parent/Guardian Signature _____ Date _____

Email form to: ltownsend@sheboygancountymca.org

Fee is Per Clinic

- \$8.00 Sheboygan County Y Family Member
- \$10.00 Sheboygan County Y Youth Member
- \$15.00 Non-Member

Clinic Attending

- Kickball (3/24)
- Volleyball Fundamentals (3/25)
- T-ball (3/26)
- Dodgeball (3/27)
- FLag Football Fun (3/28)

PAYMENT

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

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