

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**

5TH AND 6TH GRADE GIRLS VOLLEYBALL LEAGUE TUESDAYS, APRIL 22 - JUNE 3, 2025

Girls in Grades 5 - 6

Come get your team together for a fundamental volleyball league night for girls in 5th and 6th grade. This new league will help develop your child by getting more touches on the ball, with coaches on the floor to help them. League will be **unofficial**, coaches on the floor, net height at the junior level, and using volleylite volleyballs. Teams will play for an hour, 3-game set if time allows, 3rd game will go to 15 points. Matches played on Tuesday evenings at the Sheboygan Falls YMCA beginning at 5:00pm.

- April 8 - Skills Clinic for all girls in the league from 5:30pm-7:30pm at the Berkshire gymnasium, 101 School Street, Sheboygan Falls.
- April 22 - Matches begin



Please contact Leondre at ltownsend@sheboygancountyyymca.org or call 920-467-2464 x207 for more information. **The registration deadline is March 27, 2025.**

SHEBOYGAN FALLS YMCA 2025 SPRING 5TH & 6TH GRADE GIRLS VOLLEYBALL LEAGUE

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

Team Name _____

Coach _____ Birth Date _____ M F

Email Required _____ Phone 1 _____

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.

Coach's Signature _____ **Date** _____

FEE PER TEAM

\$75.00

Email form to: ltownsend@sheboygancountyyymca.org

Payment

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

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