

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

DOUBLES PICKLEBALL LEAGUE MARCH 7 - APRIL 11, 2025

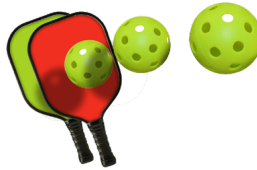
Age 18 & Older

Grab any partner - can mix women's or men's and join Doubles Pickleball League! League will be played on Friday's at the Berkshire Gym during your scheduled time. If you can't make a Friday you will have to make it up during the week. **Max number of doubles is 12.**

- Players will get slotted an hour time to finish their 4-game matches scoring to 11 points.
- Playoffs will be on April 11th, seeding will be awarded by how many points you scored during the league.
- Winners of the league will receive a Championship Pickleball t-shirt.
- **Registration deadline is March 3, 2025.**

Friday 12:00pm - 3:00pm

For more information or questions about the league please contact Ashley Liermann at aliermann@sheboygancountyyymca.org or 920-467-2464 x202



SHEBOYGAN FALLS YMCA 2025 SPRING DOUBLES PICKLEBALL LEAGUE

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

Team Name _____

Name 1 _____ **Birth Date** _____ F M

Email _____ **Phone 1** _____

Address _____ **City** _____ **State** ____ **Zip** _____

Name 2 _____ **Email** _____

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 myself and/or my child to participate and be photographed in YMCA activities.

Participant Signature _____ **Date** _____

- Team Fee**
- \$20.00

Email form to: aliermann@sheboygancountyyymca.org

Payment

Cash Check # _____

Credit Card # _____ Exp Date _____ 3 Digit Code _____

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