

**SHEBOYGAN FALLS YMCA**

305 Buffalo Street, Sheboygan Falls, WI 53085

P 920-467-2464 • F 920-467-4641

[www.sheboygancountymca.org](http://www.sheboygancountymca.org)



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



**HIGH SCHOOL GIRLS SUMMER VOLLEYBALL LEAGUE**  
**TUESDAYS, JUNE 10 - AUGUST 5, 2025**



**for Freshman and Junior Varsity Girls in Fall 2025**

Get your team roster together for our annual summer volleyball league. It is for girls who will be on the freshman or junior varsity girls volleyball team from the same school district to improve their teamwork and get ready for the upcoming Fall 2024 season.

- Matches will be played at 5:00pm, 6:00pm and 7:00pm on Tuesdays at the Sheboygan Falls YMCA.
- No matches on July 1, 2025.
- Registration limited to 12 teams. **Registration deadline is May 30, 2025.**

For more information, please contact:

Leondre at 920-467-2464 x207 or [ltownsend@sheboygancountymca.org](mailto:ltownsend@sheboygancountymca.org)

**SHEBOYGAN FALLS YMCA 2025 SUMMER FRESHMAN & JV GIRLS SUMMER 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 \_\_\_\_\_ 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.

**Coach's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FEE PER TEAM**

\$160.00

**LEAGUE**

- Freshman Girls
- Junior Varsity Girls

**Email form to: [ltownsend@sheboygancountymca.org](mailto:ltownsend@sheboygancountymca.org)**

**PAYMENT**

Cash  Check  Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Rec'd By \_\_\_\_\_ Date \_\_\_\_\_