SHEBOYGAN YMCA
812 Broughton Drive, Sheboygan, WI 53081
P 920-451-8000 • F 920-451-8019
www.sheboygancountyymca.org

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SINGLES ADULT RACQUETBALL LEAGUE
FALL LEAGUE: SEPTEMBER 7 - NOVEMBER 9, 2026

A & B Divisions

Join our coed racquetball leagues! You will receive your match list and schedule of games with your opponents. You will play one match a week. Please register at least one week in advance.

For more information or questions, please contact Taylor Zastrow at tzastrow@sheboygancountyymca.org or 920-451-8000 x121.
The registration deadline is August 31, 2026.

Divisions

- A division is for above average players in good condition who are looking for above average competition.
- B division is for experienced intermediate players who like to play different people and get a good workout.

SHEBOYGAN YMCA 2026 FALL ADULT RACQUETBALL LEAGUES
Please return to the Sheboygan YMCA, 812 Broughton Drive, Sheboygan, WI 53081

Name _____ Birth Date _____ ☐ M ☐ F
Email _____ Phone 1 _____ Phone 2 _____
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 myself and/or my child to participate and be photographed in YMCA activities.

Participant Signature_____ Date _____

☑ **Division**
☐ A
☐ B

☑ **Fee**
☐ $30.00 Sheboygan County YMCA Member
☐ $65.00 Non-Member

☑ **T-Shirt Size**
❑ Adult SM
❑ Adult MED
❑ Adult LG
❑ Adult XL
❑ Adult XXL

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

Email form to: tzastrow@sheboygancountyymca.org

Amount Paid_____ Rec'd By _____ Date _____