

**SHEBOYGAN FALLS YMCA**

305 Buffalo St, Sheboygan Falls, WI 53085

P 920-467-2464 • F 920-467-4641

[www.sheboygancountymca.org](http://www.sheboygancountymca.org)**SHEBOYGAN YMCA**

812 Broughton Dr, Sheboygan, WI 53081

P 920-451-8000 • F 920-451-8019

[www.sheboygancountymca.org](http://www.sheboygancountymca.org)**SPRING 7 VS 7 FLAG FOOTBALL LEAGUE****SATURDAYS, APRIL 11 - MAY 30, 2026****for Boys and Girls in Grades 5K - Grade 5**

Come join this 7 vs 7 flag football league! This program provides an excellent opportunity for youth to participate with others in a healthy activity led by volunteer coaches. The emphasis is on sportsmanship, skill development, teamwork, participation and doing one's best. This 7-week league includes competition from Sheboygan County. This is an individual registration program. **The registration deadline is March 23, 2026.**

- Teams will practice one night each week. Games will be played on Saturdays beginning at 12:00pm at Sheboygan Falls High School, Sheboygan Falls River Park or Sheboygan Vollrath Park (bowl). If there is inclement weather or poor field conditions, coach will have to make up games during the week during practice time.
- Teams will be combined by grade: 5K/1, 2/3 and 4/5.
- Each team will have a coach and will be given matching team t-shirts. Teams will have up to 10 players.
- Practice will begin one week before games start.
- Game format will consist of two 20-minute halves with running clock with a 5-minute half time.
- No games the weekend of May 23rd (Memorial Day weekend).
- For more information, please contact:  
Halle .....920-467-2464 x207 or [hboldt@sheboygancountymca.org](mailto:hboldt@sheboygancountymca.org)  
Taylor.....920-451-8000 x121 or [tzastrow@sheboygancountymca.org](mailto:tzastrow@sheboygancountymca.org)

**SHEBOYGAN COUNTY YMCA 2026 SPRING 7 VS 7 FLAG FOOTBALL LEAGUE**

Please return to the YMCA at 305 Buffalo St, Sheboygan Falls, WI 53085 or 812 Broughton Dr, Sheboygan, WI 53081

Parent/Guardian \_\_\_\_\_ Birth Date \_\_\_\_\_ ☐ M ☐ F

Email \_\_\_\_\_ Phone \_\_\_\_\_

Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ ☐ M ☐ F

School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

**Parent Volunteer Coach**

Name \_\_\_\_\_ Phone \_\_\_\_\_ 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.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> <b>Grade</b> | <input checked="" type="checkbox"/> <b>Community</b> | <input checked="" type="checkbox"/> <b>T-Shirt Size</b> | <input checked="" type="checkbox"/> <b>Fee</b>                  |
| <input type="checkbox"/> Grades 5K-1             | <input type="checkbox"/> Cedar Grove s               | <input type="checkbox"/> Youth SM                       | <input type="checkbox"/> \$29.00 Sheb County YMCA Family Member |
| <input type="checkbox"/> Grades 2-3              | <input type="checkbox"/> Elkhart Lake F              | <input type="checkbox"/> Youth MED                      | <input type="checkbox"/> \$31.00 Sheb County YMCA Youth Member  |
| <input type="checkbox"/> Grades 4-5              | <input type="checkbox"/> Howards Grove F             | <input type="checkbox"/> Youth LG                       | <input type="checkbox"/> \$46.00 Non-Member                     |
|  | <input type="checkbox"/> Kohler F                    | <input type="checkbox"/> Adult SM                       |   |
|  | <input type="checkbox"/> Sheboygan Falls             | <input type="checkbox"/> Adult MED                      |   |
|  |  | <input type="checkbox"/> Adult LG                       |   |

**Email form to:**  
[hboldt@sheboygancountymca.org](mailto:hboldt@sheboygancountymca.org) OR  
[tzastrow@sheboygancountymca.org](mailto:tzastrow@sheboygancountymca.org)

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

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