

**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)



# 5<sup>TH</sup> AND 6<sup>TH</sup> GRADE GIRLS VOLLEYBALL LEAGUE

## TUESDAYS, APRIL 21 - JUNE 2, 2026

### 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, beginning on Tuesday, April 21st.



For more information, please contact Halle at @  
[sheboygancountymca.org](http://sheboygancountymca.org) or call 920-467-2464 x207. **The registration deadline is April 10, 2026.**

**SHEBOYGAN FALLS YMCA 2026 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: [hboldt@sheboygancountymca.org](mailto:hboldt@sheboygancountymca.org)**

**Payment**

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

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