

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

HIGH SCHOOL GIRLS SUMMER VOLLEYBALL LEAGUE
TUESDAYS, JUNE 9 - AUGUST 4, 2026

for Freshman and Junior Varsity Girls in Fall 2026

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 2026 season.

- Matches will be played at 5:00pm, 6:00pm and 7:00pm on Tuesdays at the Sheboygan Falls YMCA.
- No matches on June 30, 2026.
- Registration limited to 12 teams. **Registration deadline is June 2, 2026.**



For more information, please contact:

Halle at 920-467-2464 x207 or hboldt@sheboygancountyyymca.org

SHEBOYGAN FALLS YMCA 2026 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 _____

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: hboldt@sheboygancountyyymca.org

PAYMENT

Cash Check Credit Card # _____ Exp Date _____ 3 Digit Code _____

Amount Paid _____ Rec'd By _____ Date _____