

**SHEBOYGAN YMCA**

812 Broughton Drive, Sheboygan, WI 53081

P 920-451-8000 • F 920-451-8019

[www.sheboygancountymca.org](http://www.sheboygancountymca.org)FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**2026 WINTER ADULT VOLLEYBALL LEAGUES****WOMENS "A/B+" 6 ON 6 VOLLEYBALL LEAGUE**  
**DECEMBER 1, 2025 - FEBRUARY 16, 2026**

The "A" division is an advanced skill level of competition. The "B+" division is fairly well skilled, knowledge of rules and competitive. All matches are officiated.

Monday .....Matches between 6:00pm - 10:00pm



- Leagues run approximately 12 weeks. Schedules will be emailed to captains by the first week of play.
- Full time players are only allowed to play on *one team per division*.
- For more information, please contact Taylor at [tzastrow@sheboygancountymca.org](mailto:tzastrow@sheboygancountymca.org) or 920-451-8000 x121.
- **The registration deadline is November 24, 2025.**

**COED "A" 6 ON 6 VOLLEYBALL LEAGUE**  
**DECEMBER 4, 2025 - FEBRUARY 26, 2026**

In this top skill level league, teams officiate their own matches and a high level of sportsmanship is required. New teams must be approved by the league coordinator.

Thursday .....Matches between 6:00pm - 10:00pm

**COED "B/B+" 6 ON 6 VOLLEYBALL LEAGUE**  
**DECEMBER 4, 2025 - FEBRUARY 26, 2026**

The "B+" division is fairly well skilled, knowledge of rules and competitive. The "B" division requires some playing experience. Knowledge of the game, fun and exercise are emphasized. All matches are officiated.

Thursday .....Matches between 6:00pm - 10:00pm

**SHEBOYGAN YMCA 2026 WINTER ADULT VOLLEYBALL LEAGUES**

Please return to the Sheboygan YMCA, 812 Broughton Drive, Sheboygan, WI 53081

Team Name \_\_\_\_\_ Captain \_\_\_\_\_  
 Email Required \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please check the box if you are a YMCA member.**

Player Name	Phone #		Player Name	Phone #	
1. _____	_____	<input type="checkbox"/>	6. _____	_____	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	7. _____	_____	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	8. _____	_____	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	9. _____	_____	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	10. _____	_____	<input type="checkbox"/>

**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.

Captain's Signature \_\_\_\_\_ Date \_\_\_\_\_

**WOMENS A/B+ VOLLEYBALL LEAGUE**

- ☐ \$207.00 Team Fee  
 \$30.00 discount if at least 3 YMCA members on team
- ☐ **A Division**  
☐ **B+ Division**

Email form with payment to Taylor Zastrow:  
[tzastrow@sheboygancountymca.org](mailto:tzastrow@sheboygancountymca.org)

**COED A VOLLEYBALL LEAGUE - UNOFFICIATED**

- ☐ \$107.00 Team Fee  
 \$20.00 discount if at least 3 YMCA members on team

**COED B/B+ VOLLEYBALL LEAGUE**

- ☐ \$207.00 Team Fee  
 \$30.00 discount if at least 3 YMCA members on team
- ☐ **B Division**      ☐ **B+ Division**  
☐ **Gold ....lower division**  
☐ **Green ..upper division**

**PAYMENT**

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

Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Rec'd By \_\_\_\_\_ Date \_\_\_\_\_ 1Y