

SHEBOYGAN FALLS YMCA

305 Buffalo Street, Sheboygan Falls, WI 53085

P 920-467-2464 • F 920-467-4641

www.sheboygancountymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MARCH MANIA 3 VS 3 BASKETBALL TOURNAMENT
SATURDAY, MARCH 19, 2022

Boys and Girls in Grades 2 - 5

End the basketball season with a bang! Get your team into March madness as well and sign up for the March Mania 3 vs 3 Basketball Tournament. Rules and schedules will be emailed to coaches a week before the tournament.



- Games will be played at the Sheboygan Falls YMCA (if needed, also at Sheboygan YMCA)
- Each team guaranteed 3 games
- If possible, grades will be separated
- Grades 2 - 3 hoops will be set at 9 feet
- Grades 4 - 5 hoops will be set at 10 feet

For more information, please contact Ashley at aliermann@sheboygancountymca.org or 920-467-2464 x207. **The registration deadline is March 4, 2022.**

MARCH MANIA 3 VS 3 BASKETBALL TOURNAMENT

Please return to the Sheboygan Falls YMCA, 305 Buffalo Street, Sheboygan Falls, WI 53085

Team Name _____ Coach _____

Email Required _____ Phone 1 _____ Phone 2 _____

Address _____ City _____ State _____ Zip _____

Player Name	Grade	Player Name	Grade
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____		

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

\$50.00

Click on button to email form.
YMCA will contact you for payment.
(unless credit card information noted below)

PAYMENT

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

Receipt # _____ Amount Paid _____ Rec'd By _____ Date _____ **22W2-2YTOURN..**