



**SHEBOYGAN FALLS YMCA**  
 305 Buffalo St, Sheboygan Falls, WI 53085  
 P 920-467-2464 • F 920-467-4641  
[www.sheboygancountyyymca.org](http://www.sheboygancountyyymca.org)



# GIRLS VOLLEYBALL OPEN GYM AT THE BERKSHIRE COMMUNITY GYMNASIUM

## Girls in Grades 7 - 12 in Fall 2022

Looking to sharpen your volleyball skills over the summer? Come join the open gyms which will be supervised and coordinated by Mark Schultz who has over 25 years of volleyball coaching background. Contact your high school coach to register your team for a full session.

- Pre-registration required
- Minimum 4 students for the open gym to run
- 24 hours advance notice
- Max of 24 girls per session
- Fee is per day



### Grades 7 - 8

Tue/Thur .....9:30am - 11:00am

### Grades 9 - 10

Tue/Thur ..... 12:00pm - 1:30pm

### Grades 11 - 12

Tue/Thur ..... 1:30pm - 3:00pm

	Tuesday	Thursday
<b>June</b>	14	16
	21	23
	28	30
<b>July</b>	19	21
	26	28
<b>August</b>	2	4
	9	11

## SHEBOYGAN FALLS YMCA GIRLS VOLLEYBALL OPEN GYM AT THE BERKSHIRE COMMUNITY GYMNASIUM

Return to the Sheboygan Falls YMCA at the address or fax number (credit card only) listed above.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade Fall '22 \_\_\_\_\_  F  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
 Email 1 \_\_\_\_\_ Email 2 \_\_\_\_\_

### 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 child to participate and be photographed in YMCA activities.

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

- |  |  |   |  |
|--|--|---|--|
| <input checked="" type="checkbox"/> <b>Grade</b> | <input checked="" type="checkbox"/> <b>Tuesday</b> | <input checked="" type="checkbox"/> <b>Thursday</b> | <input checked="" type="checkbox"/> <b>Fee</b> |
| <input type="checkbox"/> 7th                     | <input type="checkbox"/> June 14                   | <input type="checkbox"/> June 16                    | <input type="checkbox"/> \$ 5.00 ..... 1 day   |
| <input type="checkbox"/> 8th                     | <input type="checkbox"/> June 21                   | <input type="checkbox"/> June 23                    | <input type="checkbox"/> \$13.00 ..... 3 days  |
| <input type="checkbox"/> 9th                     | <input type="checkbox"/> June 28                   | <input type="checkbox"/> June 30                    | <input type="checkbox"/> \$21.00 ..... 5 days  |
| <input type="checkbox"/> 10th                    | <input type="checkbox"/> July 19                   | <input type="checkbox"/> July 21                    | <input type="checkbox"/> \$30.00 ..... 7 days  |
| <input type="checkbox"/> 11th                    | <input type="checkbox"/> July 26                   | <input type="checkbox"/> July 28                    |  |
| <input type="checkbox"/> 12th                    | <input type="checkbox"/> August 2                  | <input type="checkbox"/> August 4                   |  |
|  | <input type="checkbox"/> August 9                  | <input type="checkbox"/> August 11                  |  |

**Click on button to email form.  
 YMCA will contact you for payment.**

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

Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Rec'd By \_\_\_\_\_ Date \_\_\_\_\_ 22SU-2YVBALL...