

HOLD HARMLESS AGREEMENT

I hereby agree to waive any claim or liability 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


against the YMCA on account of death, injury or damage to persons or property received by any persons by reason of acts or omissions of the users in their use. I understand

Parent Signature _____

PAYMENT

Cash
 Check # _____
 Credit Card
 Account # _____
 -) _____
 Print Name _____
 Signature _____
 # _____


MAIL, DROP OFF OR FAX REGISTRATION TO:

 SHEBOYGAN FALLS YMCA
 305 " o
 Sheboygan Falls, WI 53085
 Phone..... 920-467-2464
 Fax..... 920-467-4641

Registrations received by July 17, 2010 are guaranteed placement on a team.

Receipt # _____
 Amount Paid _____) _____
 1011-2YSOCCER...

NON PROFIT
 ORGANIZATION
 U.S. POSTAGE
 PAID
 0-8-V7 00 t @
 h-KU@V

7 " U #
 P O Box 111
 Sheboygan Falls, WI 53085-0111




FALL 2010
 SPRING 2011

**YOUTH
 SOCCER**

U8 TO U14 LEAGUES



We build strong kids, strong families, strong communities.

