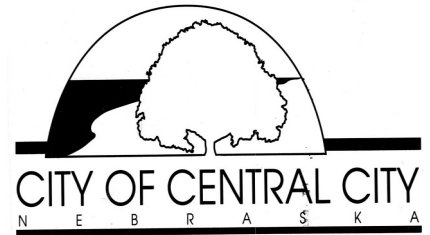




2026 Summer Youth Leagues T-Ball/Coach Pitch/Softball



T-Ball

Learning to run, hit and throw while playing in an environment structured to make it possible for each child to experience success.

WHO: Boys & Girls ages 5 & 6 as of May 19, 2025

WHEN: Tuesday Evenings
Practices begin first week of May.
Games begin May 19

Coach Pitch Baseball

Transitioning from hitting off a tee to hitting a moving pitch from coach. Participation & skill development promoted over competition.

WHO: Boys ages 7 & 8 as of January 1, 2026

WHEN: Tuesday Evenings
Practices begin first week of May.
Games begin May 19

10U Softball

Coach pitch league focusing on learning the fundamentals of softball while encouraging teamwork, sportsmanship and having fun!

WHO: Girls ages 7-10 as of January 1, 2026

WHEN: Wednesday Evenings
Practices begin first week of May.
Games begin May 20

Registration Deadline: Monday, April 20, 2026 **Registration Fees:** \$45 per player (\$10 late fee after April 20)

A reduction of fees is available subject to facility and program capacity and demonstrated need, without regard to race, color, nationality, religion, gender, age or disability.

Fitness Center SUMMER YOUTH LEAGUE REGISTRATION FORM 2026

PARTICIPANT'S NAME: _____ PHONE NUMBER: _____ TEXT THIS # Y N

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

DATE OF BIRTH: _____ AGE: _____ GRADE: _____ FITNESS CENTER MEMBER: YES NO

SCHOOL ATTENDING: _____ SEX: M F AMOUNT PAID: _____ CASH _____ CHECK # _____

EMAIL ADDRESS _____ HOW MANY SEASONS HAS YOUR CHILD PLAYED THIS SPORT? 0 1 2 3 4 5+

****CIRCLE SPORT****

T-BALL COACH PITCH SOFTBALL

****CIRCLE CHILD'S T-SHIRT SIZE****

Youth Small	Youth Medium	Youth Large
Adult Small	Adult Medium	Adult Large

★ I AM INTERESTED IN COACHING MY CHILD'S TEAM ★
★ Coach's Name: _____ ★
★ Home or Cell Phone: _____ ★
★ Email Address: _____ ★

PLEASE try to put my child on same team as: _____

ATTENTION PARENTS:

I, the undersigned, as legal guardian of a participant in the Merrick County Health & Fitness Center Summer Youth Leagues, hereby acknowledge the existence of and assume full responsibility for certain risks associated with this program which may cause damage to property or personal bodily injury or death to the participant and, furthermore, herewith agree to indemnify and hold forever harmless the Merrick County Health & Fitness Center or all team sponsors. The MCHFC has permission to use any photograph or video of my child in its promotional material.

I have read the entry information provided and certify my compliance by my signature below. I also understand that entry fees I pay are nonrefundable.

Parent or Guardian Signature _____ Date _____

MAIL OR FAX TO: FITNESS CENTER 2502 23RD AVENUE CENTRAL CITY NEBRASKA 68826 #: 308-946-2974 FAX: 308-946-2974