



# K-4th BASKETBALL 2026



2502 23rd Ave.  
Central City, NE 68826  
308-946-2974/ccfitnesscenter.com

The mission of the Merrick County Health & Fitness Center is to promote & meet the health, fitness, and recreational needs of people of all ages and to enhance the quality of life through a wide range of programs, services, activities and education.

**SEASON DATES:** Saturdays, Jan 24 - Feb 28  
**DIVISIONS:** K-1st Grades 2nd-4th Grades  
**TIMES: Clinics: January 24 & January 31**  
\*K-1st: 9:15am - 10:00am  
\*2nd-4th: 10:15am - 11:15am  
**Games: February 7 - February 28**  
**Saturday Mornings**

**LOCATION:** Fitness Center Gymnasium  
**REGISTRATION FEES:** Members: \$35.00  
Non-members: \$45.00  
**REGISTRATION DEADLINE:** Monday, Jan 12  
(\$10.00 late fee after deadline)

**\*\*YOU WILL NOT RECEIVE A  
PHONE CALL BEFORE THE  
FIRST CLINIC! SHOW UP  
READY TO PLAY ON  
JANUARY 24!\*\***

We are always in need of volunteers to coach.  
If you are interested, please sign up in the box  
below. Coaches meeting will be held for all  
volunteers - date & time TBD.

## FC YOUTH BASKETBALL REGISTRATION 2026

PARTICIPANT'S NAME \_\_\_\_\_ PHONE NUMBER (TO TEXT) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ FITNESS CENTER MEMBER YES \_\_\_\_\_ NO \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ SEX \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

PARENT'S EMAIL \_\_\_\_\_

Please try to put on same team as: \_\_\_\_\_

### CIRCLE CHILD'S T-SHIRT SIZE

**Youth T-Shirt Size:** Sm. (6-8) Med. (10-12) Lg. (14-16)

**Adult T-Shirt Size:** Sm.(34-36) Med.(38-40) Lg.(42-44)

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★ **I AM INTERESTED IN COACHING** ★  
★ **MY CHILD'S TEAM** ★  
★ Coach's Name \_\_\_\_\_ ★  
★ Home or Cell Phone \_\_\_\_\_ ★  
★ Email Address: \_\_\_\_\_ ★  
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### ATTENTION PARENTS:

I the undersigned, as legal guardian of a participant in the Merrick County Health & Fitness Center Youth Volleyball Program, 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 Signaure \_\_\_\_\_ Date \_\_\_\_\_