

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.

-----X-----X-----X-----X-----X-----X-----X-----

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)

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

ATTENTION PARENTS:

I the undersigned, as legal guardian of a participant in the Merrick County Health & Fitness Center Youth Basketball 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 Signature _____ Date _____