Youth Volleyball
Fall 2026

Registration Deadline: Thursday October 29

Cost: Member $40

Non-Member $60

League Dates: Nov 10th - Dec 15

Playing Times: K-2nd: 6:30 pm

3rd-6th: 7:30pm

Games held at Fitness Center

FC Youth Volleyball Registration – Fall 2026

Amount Paid:_____
Date Paid: _____
CASH CREDIT CHECK#_____
STAFF:____

Participant's Name: _____ **Phone Number:** _____ **Text #** Y/N
Address: _____ **City:** _____ **State:** _____ **ZIP:** _____
Date of Birth: ____ / ____ / _____ **Age:** _____ **Grade:** _____ **Sex:** _____
School Attending: _____ **Fitness Center Member?** YES ☐ NO ☐

Parent's Name: _____ **Parent's Email:** _____

How many seasons has your child played? 0 1 2 3 4
Youth T-Shirt Size: Small (6–8) Medium (10–12) Large (14–16)
Adult T-Shirt Size: Small Medium Large

I Am Interested in Coaching My Child's Team

Coach's Name: _____

Phone: _____

Email Address: _____

Attention Parents

I, the undersigned, as legal guardian of a participant in the Merrick County Health&Fitness Center youth program, hereby acknowledge the existence of and assume full responsibility for all risks inherent in this program which may cause damage to property or personal bodily injury or death to the participant and further agree to indemnify and hold harmless the organizing recreation and Merrick County Health&Fitness Center and all team sponsors. Permission is granted to use any photograph or video of my child for promotional purposes.

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

Parent or Guardian Signature: _____ **Date:** ____ / ____ / _____