



# K-6th VOLLEYBALL FALL 2024



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:** Tuesdays, Nov 12 - Dec 17  
**DIVISIONS:** K-2nd Grades 3rd-6th Grades  
**TIMES: Clinics: November 12 & 19**  
\*K-2nd: 6:30 pm  
\*3rd-6th: 7:30 pm  
**Games: November 26 - December 17**  
\*K-2nd: 6:30 pm  
\*3rd-6th: 7:30 pm  
**LOCATION:** Fitness Center Gymnasium  
**REGISTRATION FEES:** Members: \$40.00  
Non-members: \$60.00  
**REGISTRATION DEADLINE:** Thursday, Oct.31  
**(\$10.00 late fee after deadline)**

**\*\*YOU WILL NOT RECEIVE A PHONE CALL BEFORE THE FIRST CLINIC! SHOW UP READY TO PLAY ON NOVEMBER 12!\*\***  
  
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 VOLLEYBALL REGISTRATION FALL 2024

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 \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_  
PARENT'S NAME \_\_\_\_\_  
PARENT'S EMAIL \_\_\_\_\_

How many seasons has your child played volleyball? 0 1 2 3 4

### 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 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 \_\_\_\_\_