



# 3rd-6th VOLLEYBALL Fall 2017



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



[www.ccfitnesscenter.webs.com](http://www.ccfitnesscenter.webs.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:** Thursday Evenings, October 5 - November 9

**TIMES:** First 2 weeks: Clinic 7:30 - 8:30 pm

Last 4 weeks: Games TBD

**LOCATION:** Fitness Center Gymnasium

**WHO:** 3rd - 6th Grades

**REGISTRATION DEADLINE:** Friday, September 29

**REGISTRATION FEES:** Members: \$30.00

Non-members: \$45.00

**(\$10.00 late fee if after deadline)**



We are always in need of volunteers to coach. If you are interested, please sign up in the box below. Coaches will meet during the first week of the clinic.

## FC YOUTH VOLLEYBALL REGISTRATION FALL 2017

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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 5+

### CIRCLE 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 \_\_\_\_\_