K-2nd VOLLEYBALL
Fall 2017

2502 23rd Ave.
Central City, NE 68826
308-946-2974
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 6:30 - 7:30 pm
Last 4 weeks: Games TBD
LOCATION: Fitness Center Gymnasium
WHO: K-2nd 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

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 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 Heath & 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_____