

# OOZEFEEST MUD VOLLEYBALL

August 10, 2024

Team Entry Fee: \$80 per team  
Early Bird Deadline: 7/21/24 (t-shirts)  
Registration Deadline: 8/7/24 (no t-shirts)

Expo Fair Grounds  
6 Mud Pits



WE HAVE  
MOVED

Cash Awards - Top 2 teams  
Max. 8 players per team roster — all ages  
Event kicks off Saturday morning



GREAT BEND REC

REGISTER:  
1214 Stone Street  
620.793.3755  
greatbendrec.com

# 2024 Mud Volleyball Registration Form

Team Name: \_\_\_\_\_ Team Manager: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## List all team members playing. Max 8 Players Per Team – All Ages

2. Name (Print) \_\_\_\_\_ T-shirt Size: \_\_\_\_\_ Age: \_\_\_\_\_  
3. Name (Print) \_\_\_\_\_ T-shirt Size: \_\_\_\_\_ Age: \_\_\_\_\_  
4. Name (Print) \_\_\_\_\_ T-shirt Size: \_\_\_\_\_ Age: \_\_\_\_\_  
5. Name (Print) \_\_\_\_\_ T-shirt Size: \_\_\_\_\_ Age: \_\_\_\_\_  
6. Name (Print) \_\_\_\_\_ T-shirt Size: \_\_\_\_\_ Age: \_\_\_\_\_  
7. Name (Print) \_\_\_\_\_ T-shirt Size: \_\_\_\_\_ Age: \_\_\_\_\_  
8. Name (Print) \_\_\_\_\_ T-shirt Size: \_\_\_\_\_ Age: \_\_\_\_\_

**T-Shirt Quantity:** AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ XL \_\_\_\_\_ 2XL \_\_\_\_\_ 3XL \_\_\_\_\_

### All team members must sign a release form to participate.

WAIVER & CONSENT STATEMENT: I, the above person, the undersigned, states that he/she understands that the Great Bend Recreation Commission is not and shall not be responsible for, or liable for any illness, or injury to person or damage to property resulting from the program in which the above is enrolled or from his/her participating in said program, and the participant and the undersigned, if the participant is a minor or under other legal disability, hereby forever releases and holds harmless the said Great Bend Recreation Commission, its employees, agents, and representatives from any and all claims of any kind that the participant, or the undersigned, or their respective heirs, executors, administrators, or assigns may have or claim to have resulting from participation in said program(s). I hereby consent to my child enrolling and participating in the above GBRC program(s). I also assume all physical risks and hazards involved in the conduct of the program and hereby release, indemnify and hold harmless GBRC, the City of Great Bend, USD #428, its officials, officers and employees and/or any civic or private organization appointed by it from any liability as a result of any accident which may occur in conjunction with said participation and result in bodily injury or death to child or person. Also, the above waives any and all claims that he/she or his/her heirs, executors, administrators or assigns may have claim to have resulting from a photograph, video or reproductions thereof said person while participating in GBRC programs without payment or any other consideration, for purposes of publicizing Great Bend Recreation Commission, facilities, programs or services, or for any other lawful purpose. Accident/medical insurance is not provided by GBRC. I authorize and consent that GBRC may release telephone and address information of enrolled participant(s) to volunteer coaches, associated agencies and GBRC staff members. Registrations invalid without signature

I HAVE READ & UNDERSTAND REGISTRATION FORM, WAIVER & CONSENT STATEMENT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THE ROSTER FORM WILL REQUIRE **PARTICIPANTS UNDER THE AGE OF 18** TO INCLUDE PARENT CONTACT INFORMATION OR ADULT EQUIVALENT.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_