

OOZEFEEST MUD VOLLEYBALL

August 8, 2026

Team Entry Fee: \$100 per team
Early Bird Deadline: 7/19/26 (t-shirts)
Registration Deadline: 8/2/26 (no t-shirts)

Veteran's Memorial Park
6 Mud Pits
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

2026 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: _____