

2021 Mud Volleyball Registration Form

Team Name: _____ Team Manager: _____

Address: _____ City: _____ State: _____

Phone: _____ Email Address: _____

Registration: July 12 - July 25, 2021 (team members receive a t-shirt)

Other Team Members: List all persons playing. Max 8 Players per team – All Ages

2. Name (Print) _____ T-shirt Size: _____

Address: _____ Phone: _____

3. Name (Print) _____ T-shirt Size: _____

Address: _____ Phone: _____

4. Name (Print) _____ T-shirt Size: _____

Address: _____ Phone: _____

5. Name (Print) _____ T-shirt Size: _____

Address: _____ Phone: _____

6. Name (Print) _____ T-shirt Size: _____

Address: _____ Phone: _____

7. Name (Print) _____ T-shirt Size: _____

Address: _____ Phone: _____

8. Name (Print) _____ T-shirt Size: _____

Address: _____ Phone: _____

T-Shirt Quantity: AS _____ AM _____ AL _____ XL _____ 2XL _____ 3XL _____

Team Entry Fee: \$75 Code # 304403A

Register teams at GBRC office, 1214 Stone Street. Call in team registration by calling 620.793.3755 ex. 110

Mail in team registration-mail to GBRC, P.O. Box 353, Great Bend, KS 67530

Forms available on website: www.greatbendrec.com

All team members must sign a waiver/release form to participate: See attached

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 of 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.

COVID 19 PARTICIPANT INFORMATION: The roster form will require participants under the age of 18 to include parent contact information, or adult equivalent. At least two contacts should be provided for each youth participant. This roster form will be available at registration and/or be sent out electronically to all team managers prior to any team function. A completed and submitted roster form will be required before participation in any aspect of the sport. Once completed, the form will be returned and kept with the agency. If a positive COVID-19 case is reported from any participant or spectator, the agency will notify the local health department to provide details and to seek direction. Once directed by the health department, all individuals/families on the roster form will be notified that they may have been exposed to COVID-19. The hosting agency will provide each individual/family guidance provided by the local health department.

I HAVE READ & UNDERSTAND THE REGISTRATION FORM, CANCELLATIONS AND WAIVER STATEMENTS.

Team Name: _____

Signature: _____ Date: _____

THE ROSTER FORM WILL REQUIRE **PARTICIPANTS UNDER THE AGE OF 18** TO INCLUDE PARENT CONTACT INFORMATION, OR ADULT EQUIVALENT. AT LEAST TWO CONTACTS SHOULD BE PROVIDED FOR EACH YOUTH PARTICIPANT:

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____