

2024 MUD Volleyball Team Entry Application

*Naming a Team:

Choose a 1st and 2nd choice team name.

If you do not choose a team name, one will be assigned.

Team names may not be changed after registration closes.

THE FUN STARTS HERE!

Team Name _____

Alternate Name: _____

Team Captain: _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work/Cell Phone:** _____

Team Co-Captain: _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work/Cell Phone:** _____

Information must be complete to be added to next year's list!

Each team member must sign below and circle one shirt size:

Team Captain: _____	(S) (M) (L) (XL) (XXL) (XXXL)
Player: _____	(S) (M) (L) (XL) (XXL) (XXXL)
Player: _____	(S) (M) (L) (XL) (XXL) (XXXL)
Player: _____	(S) (M) (L) (XL) (XXL) (XXXL)
Player: _____	(S) (M) (L) (XL) (XXL) (XXXL)
Player: _____	(S) (M) (L) (XL) (XXL) (XXXL)
Player: _____	(S) (M) (L) (XL) (XXL) (XXXL)
Player: _____	(S) (M) (L) (XL) (XXL) (XXXL)
Player: _____	(S) (M) (L) (XL) (XXL) (XXXL)

Each team must supply two people from their team to referee when their team is not playing but is still in the tournament.

Send entry form and waiver with check to:

EPILEPSY SOCIETY OF KERN COUNTY

5117 Office Park Drive

Bakersfield, CA 93309

661.634.9810

All team members must also sign the release and waiver prior to tournament! Both the application and release must accompany the fee.

MUD VOLLEYBALL TOURNAMENT FOR EPILEPSY

RELEASE and WAIVER

Team Name: _____

This Release and Waiver must be signed by each individual prior to playing in the Mud Volleyball Tournament for Epilepsy and must be submitted with the Team Entry Application. Any changes in original team roster will require signature of each new member. It is the responsibility of each Team Captain to ensure that each team member signs a Release and Waiver. Additional forms are available at the Epilepsy Society office.

I hereby certify that I am a voluntary participant in the 2024 Mud Volleyball Tournament for Epilepsy. I realize said tournament is offered to me knowing full well that I may or may not attend and participate in the activities conducted during the tournament, as I as myself decide. I hereby certify that I am eighteen (18) years old as of the time I sign this waiver.

Further, I certify that I hereby release and forever hold harmless the EPILEPSY SOCIETY of Kern County, and its Board of Directors, the County of Kern, KGET-TV Channel 17, Clear Channel Communications, all sponsors and/or agents or employees from any claim, cause or suit which may arise out of my participation in said tournament, knowing full well that by voluntary participation in said tournament, I assume all physical risks inherent therein.

I have read the foregoing release and waiver and do clearly understand the same. I also give full permission for use of my name and photograph in connection with the tournament.

SIGNATURE

PHONE NUMBER

Team Captain: _____
Player: _____
Player: _____
Player: _____
Player: _____
Player: _____
Player: _____
Player: _____
Player: _____
Player: _____

For Office Use Only: Team No: _____	Paid by Check _____	Cash _____
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