27th Annual

Gold Discovery Days

Volleyball Tournament

Saturday July 18th, 2026

1:00pm

Outdoor Sand Courts-

615 Washington St., Custer, SD

Team Name: _____

Team Members: 4 x 4 (roster up to 8)

Team Captain _____

2._____

3._____

4._____

Sub _____

Sub _____

Sub _____

Sub _____

Tournament Information:

- $40.00 Entry Fee.
- Prizes will be given to 1st Place and 2nd Place
- Captain's Meeting at 12:45pm.
- Registration is 12:00 pm the day of the tournament.

Rules

- 4 x 4 Co-Ed Sand Volleyball
- Rally Scoring to 25; win by 2 or first to 27
- Each team will be allowed two timeouts per match.
- Each team calls own violations.
- Rotate out after serve (unless injury).
- Tournament will be single elimination.
- Winning captain is responsible for reporting the scores to the tournament registration table at the conclusion of each match.
- In an effort to keep play moving forward, please have your team ready to play at the conclusion of the previous game.

I have read and understand the tournament rules:

Team Name_____

Captain's Signature_____

Contact Information:

Name: _____

Address: _____

Phone: _____

Registration and payment due day-of at the courts.
Registration opens at 12:00 pm.
Captain's Meeting at 12:45. pm.

GDD Sand Volleyball Tournament

Waiver of Liability

I hereby agree to indemnify and hold harmless the Custer Wild Volleyball Club, in relation to the participation of the individuals identified below in the July 18, 2026, Sand Volleyball Tournament taking place in the City of Custer, SD.

This waiver acknowledges the Custer Wild Volleyball Club as the principal sponsor of the aforementioned event. I affirm that the individuals listed below are participating in this event voluntarily and that we shall not hold the sponsors liable for any injuries or harm that may be incurred by the participants while they conduct themselves in a careful and prudent manner during the event.

Furthermore, I consent to representatives of the Custer Wild Volleyball Club contacting me in the event of an emergency, and I agree to authorize any necessary medical or supportive attention as required.

Participant's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Team Name: _____

Participant / Parent or Guardian Signature (if participant is a minor):

_____

Signer's Printed Name (if different from participant):

_____

Dated: July 18, 2026