

Concordia University Volleyball

Norfolk Area Satellite Camp

Player Registration Form

June 12

9:30am-11:30am & 12:30pm-2:30pm

Location: LHNE Gym

2010 N 37th St. Norfolk, NE

Open to 5th-8th grade students

\$70 per camper

****Bring Own Sack Lunch****

Include w/ Registration: \$70 check and release form

Release form can be found at

www.cune.edu/vbcamps

Checks made out to Concordia University

Send registrations by June 9th to:

c/o Sarah Endorf, Zion VB Coach

54915 W Willow, Pierce, NE 68767 Questions?

Contact Sarah at 402-277-0654

Camper Name _____

Email Address _____

Address _____

Phone Number (emergency) _____

Grade (Fall 2025) _____

School Name _____





CONCORDIA UNIVERSITY NEBRASKA SPORTS CAMP APPLICATION

Student's Name (Camper) _____ Camp (circle one):

Baseball	Basketball	Cheer
Dance	Football	Soccer
Track	Volleyball	Wrestling

Parent's Name(s) _____

In an Emergency Notify:

Name _____

Relationship _____

Cell Phone # _____ Daytime Phone # _____

Known Allergies: _____

Known Medical Conditions: _____

List of Medications: _____

Medical Insurance Company Name & Policy # _____

Policyholder's name _____

I verify that _____ ("Camper") has been examined by a qualified medical provider and is physically capable of participating in the Camp described in the camp brochure and/or online at www.cune.edu/sportcamps. I hereby request you to accept the application for enrollment of Camper for the Camp, and in consideration of your acceptance of the application, we will hereby release Concordia University, Nebraska, its agents and employees from all claims on account of any injuries that may occur while Camper attends Camp, and we agree to indemnify the University, its agents and employees for any claim arising out of or relating to Camper's attendance at Camp. In addition, we authorize all medical and/or surgical treatment that is reasonably necessary to care for Camper while attending Camp.

Parent or Guardian Signature _____

Date _____