2018 BEACH VOLLEYBALL SKILLS CAMP

JULY 9-12, 2018 • GIRLS AND BOYS AGES 10-18 • COST OF CAMP IS $150
CAMPS HELD AT THE LIVERMORE COMMUNITY PARK IN FOLSOM
CAMP LIMITED TO 32 PLAYERS • REGISTRATION INCLUDES CAMP SHIRT

2018 SACRAMENTO STATE BEACH VOLLEYBALL SKILLS CAMP

SKILLS CAMP SCHEDULE
Monday-Thursday, July 9-12
Monday, July 9
8:00-8:30 a.m. - Registration
8:30-11:30 a.m. - Skills Session
Tuesday-Thursday, July 10-12
8:30-11:30 a.m. - Skills Session

For MORE INFORMATION, contact Ed Jackson at 916-278-7925 or edward.jackson@csus.edu

CAMP DIRECTORS

RUBEN VOLTA
Ruben Volta completed his 10th season as head coach at Sacramento State in 2017. A two-time Big Sky Conference Coach of the Year (2017, 2015), Volta has guided the program to a combined 72-29 overall record and a 40-8 mark in league play over the last three seasons. He will also serve as the co-head coach for the Hornets’ beach team.
Sacramento State has won at least 20 games three consecutive years, posted back-to-back Big Sky South Division championships (2017, 2016), and has not lost a Big Sky regular season home match since the 2014 season. In 2017, the team went 26-10 overall, 15-1 in the Big Sky and won the league’s regular season title.

ED JACKSON
Former Hornet volleyball player Ed Jackson completed his third season as Sacramento State’s indoor assistant coach in 2017, and will also serve as the Hornet beach team’s co-head coach for the third straight year in the spring of 2018.
During Jackson’s three seasons with the indoor program, Sacramento State has combined for a 72-29 overall record and a 40-8 mark in league play. The Hornets have won at least 20 games three consecutive years, posted back-to-back Big Sky South Division championships (2017, 2016), and have not lost a Big Sky regular season home match during Jackson’s tenure (a span of 24 straight wins).

CONTACT INFORMATION

Sacramento State camps are open to any and all entrants per NCAA rules, but are limited as noted by number, age, grade level and/or gender.
CAMP DESCRIPTION
The Beach Skills camps are an opportunity for players to significantly improve their beach doubles volleyball skills. Camps will consist of four fairly intensive training sessions designed to resemble serious team practices. Instruction in proper skill technique and beach doubles strategies will be provided in addition to participation in challenging drills applicable to game situations.

DATES/TIMES/COST
*Cost is $150
Monday-Thursday, July 9-12
Monday, July 9
8:00-8:30 a.m. - Registration
8:30-11:30 a.m. - Skills Session
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8:30-11:30 a.m. - Skills Session

AGE GROUP
Girls and boys, ages 10-18, are eligible to participate.

ENROLLMENT
Each camp is limited to 32 players. Applications will be accepted on a first come, first serve basis. Payment must accompany application. Please make check payable to Sacramento State Volleyball and mail to:
Hornet Beach Volleyball Camps
Athletics Center
6000 J Street
Sacramento, CA  95819-6099

LOCATION/PARKING
Beach volleyball camps will be held at the Livermore Community Park, located in Folsom on 6004 Riley Street. From Highway 50, get off the Folsom Blvd exit. Turn left from the offramp onto Folsom Blvd. About 1.5 miles later, turn right onto Blue Ravine Rd. Another 1.5 miles later, turn right onto Riley Street. Livermore Park will be on your right side, a half mile up the road. PARKING IS FREE.

REFUND POLICY
In case of an emergency, campers may request a refund of their registration fee. Please email edward.jackson@csus.edu with your request. There will be a $20 fee for checks returned by bank. Stopped payments do not constitute a refund.

COACHING STAFF
The camp will be run by Sacramento State co-head coaches Ruben Volta and Ed Jackson, and Sacramento State volleyball players.

MORE INFORMATION
For more information, call the volleyball office at (916) 278-7925, or email us at edward.jackson@csus.edu.

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2018 BEACH VOLLEYBALL SKILLS CAMP REGISTRATION FORM
JULY 9-12, 2018

NAME:__________________________________________

AGE:_________________HEIGHT:____________________

DATE OF BIRTH:________________________________

ADDRESS:_____________________________________

CITY/STATE/ZIP:________________________________

PARENT NAME:__________________________________ PARENT CELL PHONE:__________________

PARENT EMAIL:__________________________________

SCHOOL:________________________________________ GRADE NEXT FALL:__________________

BEACH/DOUBLES PLAYING EXPERIENCE:____________

PARTNER NAME IF APPLICABLE:___________________

CLUB/SCHOOL PLAYING EXPERIENCE:______________
RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AGREEMENT TO PAY CLAIMS AND MEDICAL TREATMENT AUTHORIZATION

Activity: 2018 Beach Volleyball Skills Camp – July 9-12, 2018 – Livermore Community Park

Hazards to be aware of: Participation in any sport exposes the participant to the risk of injury or death. Injuries include death, serious neck and spinal injuries, paralysis, brain damage, injury to vital organs, bones, joints, muscles and tendons, heat injuries, psychological/emotional injuries, heat injuries, etc.

Hazard mitigation (how to prepare for a safe activity): Follow coaches’ instructions, come prepared for the activity, proper shoes and other standard equipment, proper warm up and stretching, drinking sufficient water, caution when playing, etc.

In consideration for my child, (Name) ________________________________ being allowed to participate in the Activity named above, I release from liability and waive my right to sue the State of California, the Trustees of the California State University, which own and operate California State University, Sacramento and their employees, officers, volunteers and agents (collectively “University”) from any and all claims, including the University’s negligence, resulting in any physical injury, illness (including death) or economic loss that my child may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily allowing the participation of my child in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my child’s or other’s actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). Nonetheless, I, the child’s parent or guardian, assume all related risks, whether known or unknown to me, of the named child’s participation in this Activity, including travel to and from the Activity.

I agree to hold the University harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney’s fees, as a result of my child’s participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If the participating child needs medical treatment, the University is authorized to obtain medical treatment for him/her. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for the participating child, and that any reliance on health insurance is my responsibility.

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RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK, AGREEMENT TO PAY CLAIMS AND MEDICAL TREATMENT AUTHORIZATION

I am 18 years or older. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

______________________________  ________________  ____________________________
Minor participant’s name  Date

I am the parent or legal guardian of the Participant.

A copy of this agreement shall suffice as original.

I have read this two-page document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) release of University from all liability on my and the Participant’s behalf, (b) waiver of my and the Participants’ right to sue, (c) and assumption of all risks of the Participant’s participation in this Activity, including travel to and from the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

______________________________  ____________________________
Health insurance company  Policy number

______________________________  ________________
Signature of minor participant’s parent/guardian  Date

Minor participant’s name

Additional information
Sacramento State purchases secondary excess accidental medical coverage, in the amount of $25,000 for all individual clinic participants. There is a deductible which shall be the parent’s responsibility. In addition, all campers must have primary insurance coverage. Teams must also provide a certificate of insurance.