2018 VOLLEYBALL ALL-SKILLS CAMPS

GIRLS AGES 12-18 • $195 PER SESSION • SESSION 1 HELD AT THE WELL; SESSIONS 2-3 HELD AT THE NEST
FAMILIES REGISTERING MORE THAN ONE SIBLING PAY JUST $170 FOR EACH SUBSEQUENT CHILD

SESSION 1 – Mon.-Fri., July 16-20, 8:30 a.m.-Noon
Session 1 will be held at the Recreation and Wellness Center on campus (The WELL).

SESSION 2 – Mon.-Fri., July 23-27, 8:30 a.m.-Noon
Session 2 will be held inside the Nest on campus (main gym located in Yosemite Hall).

SESSION 3 – Mon.-Fri., July 30-Aug. 3, 8:30 a.m.-Noon
Session 3 will be held inside the Nest on campus (main gym located in Yosemite Hall).

* $195 per session. Families registering more than one sibling pay just $170 for each subsequent child.
* Registration includes a t-shirt

CONTACT INFORMATION

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

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 all-skills camps will consist of five fairly intense training sessions designed to resemble serious team practices. Instruction in proper technique for each skill will be provided in addition to participation in challenging drills applicable to game situations. Team offense and defense will also be taught, and a mini-tournament will be conducted on the last day. Only players who are willing to work hard should consider attending.

AGE GROUP

SESSIONS 1, 2 AND 3

Girls, ages 12-18, are eligible to participate. Players will be grouped by age and ability to maximize the quality of the camp experience.

DATES/TIMES/COST

SESSION 1 - July 16-20; 8:30 am - 12 Noon
SESSION 2 - July 23-27; 8:30 am - 12 Noon
SESSION 3 - July 30-Aug. 3; 8:30 am - 12 Noon

The fee is $195 per session for sessions 1-3. Families registering more than one sibling shall pay $170 for each subsequent child.

ENROLLMENT

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 Volleyball Camp
Athletics Center
6000 J Street
Sacramento, CA 95819-6099

LOCATION/DIRECTIONS

Session 1 will be held at the four-court basketball/volleyball complex and the Multi Activity Court inside the University’s recreation and wellness center (The Well). Sessions 2 and 3 will be held in the south gym of Yosemite Hall (The Nest where the Hornets play home matches).

Directions to the WELL (for Session 1): located on campus at the north end of the football stadium. From the south entrance (Highway 50), continue on State University Drive and make a right at Stadium Drive. Proceed down Stadium Drive, and park inside of Parking Structure III. From the north entrance (J Street), stay to the right as you drive on campus. Follow the road as it veers right to State University Drive North. Proceed straight, and after passing the football stadium, make a left at Stadium Drive. Proceed down Stadium Drive, and park inside of Parking Structure III.

Directions to Yosemite Hall (for Sessions 2 and 3): From the south entrance (Highway 50), continue on State University Drive past the football stadium, softball and soccer fields. Follow the road around campus to Parking Structure V. Yosemite Hall is a short walk from this parking structure. From the north entrance (J Street), stay to the right as you drive on campus. Follow the road as it veers right to State University Drive. Turn left into Parking Structure V which is just a short walk to Yosemite Hall.

PARKING

Campers who park on campus may purchase a weekly permit for $12. Please include this with your payment for the camp. A permit will be mailed to you before the start of camp. Daily permits may be purchased by machine for $6.00 per day.

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.

MORE INFORMATION

For more information, call the volleyball office at (916) 278-7925, or email us at edward.jackson@csus.edu.
RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AGREEMENT TO PAY CLAIMS AND MEDICAL TREATMENT AUTHORIZATION

**Activity:** 2018 Volleyball All-Skills Camp at Sacramento State
Session 1 inside the WELL – July 16-20
Sessions 2 and 3 inside Yosemite Hall – July 23-27; July 30-Aug. 3

**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.

*Continued on page 2*
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) 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.

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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 Participant’s 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.**

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| Signature of minor participant’s parent/guardian | Date |
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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.