



HORNETS

SACRAMENTO STATE

2018 VOLLEYBALL LIL' HORNETS ALL-SKILLS CAMP

**GIRLS AND BOYS AGES 9-12 • \$195 • JULY 16-20, 2018 • THE NEST (YOSEMITE HALL SOUTH GYM)
REGISTRATION INCLUDES A VOLLEY-LITE BALL & T-SHIRT
FAMILIES REGISTERING MORE THAN ONE SIBLING PAY JUST \$170 FOR EACH SUBSEQUENT CHILD**

2018 SACRAMENTO STATE LIL' HORNETS ALL-SKILLS CAMP



Monday - Friday July 16-20, 2018

8:30 a.m. - Noon

\$195 per person

Families registering more than one sibling pay just \$170 for each subsequent child.

Ages 9-12

CAMP DESCRIPTION

This is an introductory all-skills camp for girls and boys new to volleyball with technical instruction on passing, serving, defense and attacking.

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.



SARAH CHLEBANA

Sarah Chlebana, who starred for the Sacramento State volleyball team from 1997-00, spent seven years as an assistant coach for the Hornets (2008-14). She has spent the last three years as an assistant on Fresno State's coaching staff. Chlebana finished her Hornet playing career with 1,116 kills and 1,348 digs.

During her coaching tenure with the Hornets, she served as the team's recruiting coordinator and assisted in all areas of on-floor coaching, scouting and team training. In addition, Chlebana has seven years of experience as the primary contact for Hornet youth camps. She also served as the director of operations for the program's beach volleyball squad.

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

This is an introductory all-skills camp for those new to volleyball with technical instruction on passing, serving, defense and attacking.

DATES/TIME/COST/AGE GROUP

Monday - Friday, July 16-20; 8:30 a.m. - Noon

The cost is \$195 per camper

* Families registering more than one sibling pay just \$170 for each subsequent child.

Camp is available to kids ages 9-12

LOCATION/DIRECTIONS

The camp will be held at the Nest, which is the south gym of Yosemite Hall. The Nest is where Sacramento State plays its home matches.

Directions to Yosemite Hall: 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 available to pick up on the first day of camp. Daily permits may be purchased by machine for \$6 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.

REGISTRATION

Applications will be accepted on a first come, first serve basis. Payment must accompany application. Make checks payable to Sacramento State Volleyball, and mail to:

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

COACHING STAFF

The camp will be run by Sacramento State assistant coach Sarah Chlebana, head coach Ruben Volta 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.

2018 LIL' HORNETS ALL SKILLS VOLLEYBALL CAMP REGISTRATION FORM

NAME _____

AGE _____

DATE OF BIRTH _____

ADDRESS _____

CITY _____

STATE/ZIP _____

PARENT NAME _____

PARENT CELL PHONE _____

PARENT EMAIL _____

SCHOOL _____

GRADE NEXT FALL _____

WEEKLY PARKING PERMIT YES NO

Please make checks payable to SACRAMENTO STATE VOLLEYBALL and mail to:
Sacramento State Volleyball
Athletics Center
6000 J Street
Sacramento, CA 95819-6099



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

Activity: 2018 Volleyball Lil' Hornets All-Skills Camp – Yosemite Hall – July 16-20

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**

page 2

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.