

**HEAD COACH
MARSHALL SPERBECK**



Marshall Sperbeck is in his fifth season as the Hornets' head football coach.

Sperbeck's transformation of the program began to show in 2008 when the team posted the second most victories in the school's Div. I-AA/FCS era.

Sacramento State also set team records on both sides of the ball and had three players named first team all-Big Sky.

During Sperbeck's tenure, he has coached five All-Americans during his time with the Hornets including linebacker Cyrus Multalo who earned the honor in 2007 and 2008 and defensive end Zack Nash in 2010 and 2011.

Sacramento State has also had 53 players earn all-Big Sky honors under Sperbeck's watch, including eight first team honorees.

Prior to coming to the Hornets, Sperbeck was the head football coach at Foothill College in Los Altos, Calif., for 15 years. During that span, his teams produced a 109-53 overall record and advanced to 11 bowl games. During his final year, the Owls were 10-1 and tied for the Northern California Football Association title.

A native of Sacramento, Sperbeck graduated from Valley High School. He later played at the University of Nevada from 1981-82.



HORNET COACHING STAFF



Anthony Parker
Def. Coordinator



Paul Peterson
Off. Coordinator



Daniel DaPrato
Receivers



Jordan Gigli
Def. Line



Aaron Ingram
Running Backs



Steve Roberson
Defensive Backs



**SACRAMENTO STATE
FOOTBALL**

**2012 Team
Camps**

An Invitation

I would like to personally invite you to attend the 2012 Sacramento State football team camp. The purpose of the camp is to teach each athlete specialized skills and techniques related to football as well as team strategies and mental approaches to the game that will help prepare you to be a better player. The instruction will be led by a Sacramento State football coach or visiting coach that will work closely with me. The final day of the camp will feature a pair of scrimmages for each team. The camp is for athletes entering grades 9-12 and will be a full-contact camp.

Marshall Sperbeck



**June 8-11, 2012
June 25-28, 2012**

Individual Campers

Due to size limitations, individual campers will not be accepted to this year's Sacramento State Team Camp.

Team Deposit

A non-refundable team deposit must be included with the application. A check for \$1,500 is required from a school, booster club or school district for each team to hold a spot for the camp. No personal checks will be accepted for teams attending. Please be sure to mail the application and check prior to April 30, 2012.

Equipment Needed

Each camper must provide a properly fitted helmet, chin strap, mouth piece, shoulder pads, jersey, hip pads, tail pad, thigh pads, knee pads, pants, socks and shoes.

Insurance

Sacramento State Athletics purchases secondary excess accidental medical coverage, in the amount of \$25,000, for all individual camp participants. There is a deductible (\$100) which shall be the parent's responsibility. Teams must provide a certificate of insurance endorsed as follows: "The State of California, The Trustees of the California State University (CSU), California State University, Sacramento (CSUS), their officers, representatives, agents, employees and volunteers are additional insureds."

Please be sure to read the attached liability release and medical treatment authorization form and provide all information requested. The parent/legal guardian must sign the liability release form and medical treatment authorization.

Refund Policy

In case of an emergency, students may request a refund of their registration fee. If the request is made at least seven days prior to the start of a camp session, there shall be no penalty fee. Requests made less than seven days prior to the start of a session will incur a \$15 charge.

There will be a \$20 fee for checks returned by bank. Stopped payments do not constitute a refund. Refunds must be requested.

All Sacramento State camps are open to any and all entrants per NCAA rules, but are limited as noted on the following camp flyer by number, age, grade level and/or gender.

Camp Schedule

Day 1

10 a.m.-1 p.m. Check-In (Lunch not provided)
1:00 p.m. Coaches Meeting (Broad Facility)
1:30 p.m. Roll Call (Overnight Campers)
2:00 p.m. Camp Introduction (Stadium)
2:30 p.m. Stretch & Warm-up
2:45 p.m. Team Practice
5:30 p.m. Announcements (Day Campers Depart)
5:45 p.m. Coaches Meeting
6:30 p.m. Dinner (Overnight Campers)
7:30 p.m. Down Time/Meetings
10:00 p.m. Bed Check/Lights Out

Day 2 & Day 3

6:45 a.m. Breakfast (Overnight Campers)
7:45 a.m. Roll Call (Overnight Campers)
8:15 a.m. Stretch & Warm-up
8:30 a.m. Team Practice
9:30 a.m. Scrimmage
10:45 a.m. Announcements
11:30 a.m. Lunch (All Campers)
1:00 p.m. Head Coaches Meeting (Broad)
1:30 p.m. Roll Call
2:00 p.m. Stretch & Warm-up
2:15 p.m. Team Practice
3:15 p.m. Scrimmage
4:30 p.m. Announcements (Day Campers Depart)
5:00 p.m. Dinner (Overnight Campers)
6:30 p.m. Roll Call
6:45 p.m. Stretch & Warm-up
7:00 p.m. 7-on-7/Practice/Special Teams
7:45 p.m. Announcements
8:00 p.m. Down Time/Meetings
10:00 p.m. Bed Check/Lights Out

Day 4

6:45 a.m. Breakfast (Overnight Campers)
7:45 a.m. Roll Call (Overnight Campers)
8:15 a.m. Stretch & Warm-up
8:30 a.m. Team Prep
8:45 a.m. Scrimmage #1
9:30 a.m. Scrimmage #2
10:30 a.m. Red Zone Challenge (Hornet Stadium)
12:00 p.m. Dorm Check Out

Camp Application

(Clip this section and mail with your check)

Camp (Circle One): June 8-11 June 25-28

Name: _____

Home Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

E-Mail Address: _____

High School: _____

Camp Costs

Day Camper - dismissed at 5 p.m.
(includes three meals) \$115

Overnight Campers
(three nights/eight meals) \$245

Coaches
First three free, each additional \$100
All costs are per camper

Application Deadline:

Open until filled

Mail Applications to:

Sacramento State Team Football Camp
6000 J Street
Sacramento, CA 95819-6099

Please Make Checks Payable to:

Sacramento State Football Camp

Further Questions: (916) 278-2459

Informed Consent, Liability Release and Medical Treatment Authorization

Sacramento State Athletics purchases secondary excess accidental medical coverage, in the amount of \$25,000, for all individual camp participants. There is a deductible (\$100) which shall be the parent's responsibility. In addition, all campers must have primary insurance coverage. Teams must provide a certificate of insurance endorsed as follows: "The State of California, The Trustees of the California State University (CSU), California State University, Sacramento (CSUS), their officers, representatives, agents, employees and volunteers are additional insureds."

Please be sure to read the attached liability release and medical treatment authorization form and provide all information requested. Both the parent/legal guardian and camper must sign the liability release and medical treatment authorization form.

I request that my child (identified on this form) be permitted to participate in the identified sport/athletic Camp activity and agree to the following: I understand and agree that my child's participation in this activity may expose him/her to risks of injury or death. The risks include but are not limited to death, injury, serious neck and spinal injuries, paralysis, brain damage, injury to vital organs, bones, joints, muscles and tendons. I will counsel my child so he/she understands that it is important for his/her safety and the safety of others, to follow all instructions of the Camp coaches and staff. I agree that I am responsible for my child's conduct while he/she is at camp.

In consideration for my child's participation in this activity, on behalf of myself and my child, I release, discharge and hold harmless the Camp, State of California (State), California State University, Sacramento (CSUS), the California State University (CSU), its Trustees, officers, coaches, volunteers, employees and agents from all liability, claims, costs, and expense, arising out of these activities which may result in injury or illness to my child. I also agree to defend and indemnify the Camp, State of California (State), California State University, Sacramento (CSUS), and its Trustees, officers, coaches, volunteers, employees and agents.

I am the parent/legal guardian of the child. I further agree that the Camp Staff and CSUS are authorized to obtain and authorize emergency medical treatment for my child, up to and including emergency hospitalization and surgery. I agree to be personally responsible for any related medical expenses. On behalf of my child, and myself I further release the Camp, State, CSUS, CSU and any medical provider of emergency treatment to my child for any related liability. A copy of this agreement shall suffice as original.

Health Insurance Company: _____

Policy Number: _____

Child's Name: _____

Parent/Legal Guardian Name: _____

Parent Phone: _____

Employer: _____

Signed: _____

Parent/Legal Guardian

Date: _____