

## Camp Director



Michael  
Linenberger

Michael Linenberger enters his 21st year at the helm of the Sacramento State men's soccer program.

Michael has twice been named MPSF coach of the year, in 2001 when the Hornets won an MPSF league championship and in 2005 when the Hornets went 9-7-2. In 2005 and 2006 the Hornets had a record six players earn all-conference honors.

## Schedule of Camp

- 8:45am Check in
- 9am-11:30 am First session
- 11:30am-1:30pm Break
- 1:30pm- 4pm Second Session



SACRAMENTO STATE MEN'S SOCCER  
6000 J STREET  
SACRAMENTO, Ca 95819-6099

# Fall 2009 Individual Development Boy's Camp



**SACRAMENTO STATE  
MENS SOCCER**

**Sunday November 22, 2009**

**Morning: 9am-11:30am**

**Break: 11:30am-1:30pm**

**Afternoon: 1:30pm- 4pm**

**Price \$60**

**(includes T-shirt)**

INFORMED CONSENT, LIABILITY RELEASE AND MEDICAL TREATMENT AUTHORIZATION

I request that my child (identified above) 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, up to and including the gross negligent acts of the Camp, State and CSUS, 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), its Trustees, officers, coaches, volunteers, employees and agents.

I am the parent/legal guardian of the above child. I further agree that the Camp Staff and the CSUS are **authorized, but not obligated, 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: \_\_\_\_\_

Parent/Legal Guardian Name:

\_\_\_\_\_

Employer \_\_\_\_\_

Parent/Legal Guardian Home Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Phone: (\_\_\_\_\_)

Parent/Legal Guardian Signed:

\_\_\_\_\_

Date: \_\_\_\_\_

PERSONAL INFORMATION

NAME

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

\_\_\_\_\_

CITY, ZIP

\_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS

\_\_\_\_\_

POSITION

\_\_\_\_\_

PHONE

\_\_\_\_\_

AGE and H.S. Graduation year

\_\_\_\_\_

CURRENT TEAM

\_\_\_\_\_

T- SHIRT SIZE (ADULT SIZES)

M L XL

Mail Check (\$60), personal information form, and liability release form to:

**Sacramento State Soccer Camp  
6000 J Street Sacramento, CA 95819-6099**

*Camp Necessities*

Participants should bring a water bottle, shin-guards, soccer boots. Participants should also bring their own lunch.

*Location*

The clinic will be held at Hornet Soccer Field on the Campus of Sacramento State. An acceptance letter and campus map will be emailed to each participant upon receipt of his registration. Parking permits will not be needed.

*Insurance*

Sacramento State Athletics has a \$10,000 excess accidental medical insurance for all camp participants. There is a deductible which will be the parents responsibility.

Please be sure to read the attached medical release form and provide complete medical and emergency information for your child. Both parent and participant must sign the medical release form.

*Enrollment*

Applications will be accepted on a first come, first serve basis., you must be 14 years old to participate Please make checks payable to CSUS Men's Soccer Camp and mail to:

Sacramento State Soccer Camp

6000 J Street, Sacramento, Ca 95819-6099

*Refund policy*

In case of an emergency participants may request a refund of their registration fee. If the request is made at least seven (7) day's prior to the start of the clinic, there shall be no penalty fee. Requests made less than seven day's prior to the clinic 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.

*More Information*

Call or email Hornet Soccer Camp Director,

Michael Linenberger at (916) 278-6769 or bergs@csus.edu