Camp Director

Michael Linenberger

Michael Linenberger enters his 22nd year at the helm of the Sacramento State men's soccer program. Michael has been named MPSF coach of the year three times, in 2001 when the Hornets won an MPSF league championship, in 2005 when the Hornets went 9-7-2, and in 2009 when the Hornets won the MPSF leaugue and conference championship, went 12-6-3 and appeared in the second round of the NCAA Tournament.

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

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

Winter 2011 Individual Development Boy's Camp

SACRAMENTO STATE
MEN'S SOCCER

Sunday January 23, 2011

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

_____

PHONE

_____

POSITION

_____

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

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

Camp Necessities

Participants should bring a water bottle, shin-gaurds, 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. 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