



HORNETS

SACRAMENTO STATE

2012 SPRING BREAK CAMP

BOYS AND GIRLS SOCCER SPRING BREAK CAMP • AGES 5-12 • \$110
APRIL 2-5, 2012 • CALL (916) 278-6769 FOR MORE INFORMATION

SACRAMENTO STATE SOCCER 2012 SPRING BREAK CAMP



MATT LINENBERGER - CAMP COUNSELOR

SPRING BREAK CAMP

April 2-5, 2012

9 a.m. to Noon

\$110 per person

Boys and Girls, Ages 5-12

EXTRAS

Each camper will receive a Sacramento State soccer t-shirt for their participation.

FAMILY DISCOUNT

For families with at least two players signed up for the camp, a \$15 discount per person is offered.

CAMP DETAILS

We would like to personally invite you to attend the 2012 Sacramento State soccer spring break vacation camps. The Hornets men's soccer program, which won back-to-back Mountain Pacific Sports Federation tournament titles and NCAA Tournament first round appearances in 2009 and 2010, will host one of the top vacation camps on the West Coast.

This year's camp will include individual training that will assist players wanting to improve their fundamental

skills. The camp will include sessions for field players and goalkeepers as well as advanced athletes.

Our staff for this spring's camps will include members of the Sacramento State men's soccer team and men's soccer coaching staff. Campers will not only learn a great deal about the game of soccer, but will also have a great time in a positive environment.

We hope you will join us.

CONTACT INFORMATION

For **MORE INFORMATION** call or e-mail Hornet soccer camp director
Matt McDougall: (916-278-6769) / mmcdougall@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 EQUIPMENT

Campers should bring a water bottle, shin guards, cleats and wear athletic attire to the camp as well as apply sunscreen every day.

REFUND POLICY

In case of an emergency, campers may request a refund of their registration fee. If the request for refund is made at least seven (7) days prior to the start of a camp session, there will be no penalty fee. If the request for refund is made less than seven (7) days prior to the start of a camp session, there will be a \$25 charge.

RETURNED CHECKS

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

RESTRICTIONS

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

LOCATION

The camps will be held on the Sacramento State intramural fields located near Hornet Soccer Field and Shea Softball Stadium. Match play will take place on Hornet Soccer Field.

INSURANCE 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. 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 before any child can participate.

REGISTRATION

Applications will be accepted on a first come, first serve basis. Payment must accompany application.

**Please make checks payable to:
Sacramento State Men's Soccer**

**Mail registration and liability form plus payment to:
Sacramento State Soccer Camps
6000 J Street
Sacramento, CA 95819-6099**

2012 SPRING BREAK CAMP LIABILITY RELEASE AND REGISTRATION FORM

T-SHIRT SIZE (CIRCLE ONE)

M L XL

NAME _____

DATE OF BIRTH _____

ADDRESS _____

CITY _____

STATE/ZIP _____

GUARDIAN NAME _____

GUARDIAN PHONE _____

HS GRAD YEAR _____

CURRENT HIGH SCHOOL _____

CURRENT CLUB TEAM _____

POSITION _____

PLAYER CELL PHONE _____

PLAYER EMAIL _____

Please make checks payable to SACRAMENTO STATE SOCCER CAMP and mail to Sacramento State Soccer Camps, 6000 J Street, Sacramento, CA 95819-6099

I request that my child (identified below) 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 PROVIDER _____

POLICY NUMBER _____

PARENT/LEGAL GUARDIAN NAME _____

EMPLOYER _____

SIGNED & DATED _____

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

Activity: Sacramento State Soccer Individual Development Camps

Hazards to be aware of: Physical injuries possible with the sport, heat injuries, etc.

Hazard mitigation (how to prepare for a safe activity): Follow coaches' instructions, come prepared for the activity, proper warm up and stretching, caution when playing, stay hydrated and wear proper safety equipment.

In consideration for being allowed to participate in this Activity, 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 I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating 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 own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my 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 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 I need medical treatment, the University is authorized to obtain medical treatment for me. 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 me and I should carry my own health insurance.

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.

Participant Name: _____ Date: _____

Signature: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. 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.**

Signature of Minor Participant's Parent/Guardian Date

Minor Participant's Name