



## CAMP DIRECTOR RUBEN VOLTA

Ruben Volta will begin his first year as head coach at Sacramento State in 2008, taking over for Debby Colberg, who announced her retirement after 32 years

with the Hornets. Volta is no stranger to the program as he served the last eight years on Colberg's staff, including the Associate Head Coach duties in 2007.

Volta spent the last five years as the Hornets' recruiting and travel coordinator, while also working with the setters, scouting the opposition and on-floor coaching.

During Volta's eight-year tenure with the program, Sacramento State has combined for a 198-63 overall record, a 99-19 mark in the Big Sky Conference, seven Big Sky Tournament championships, five regular season conference titles and seven NCAA Tournament appearances.

A graduate of Sacramento State in 1993 with a degree in physical education, Volta starred for the men's club team that went undefeated and won the National Club Championship in 1995. That same season, Volta earned All-America honors as a setter and was named all-tourney at the Big 10 Tournament.

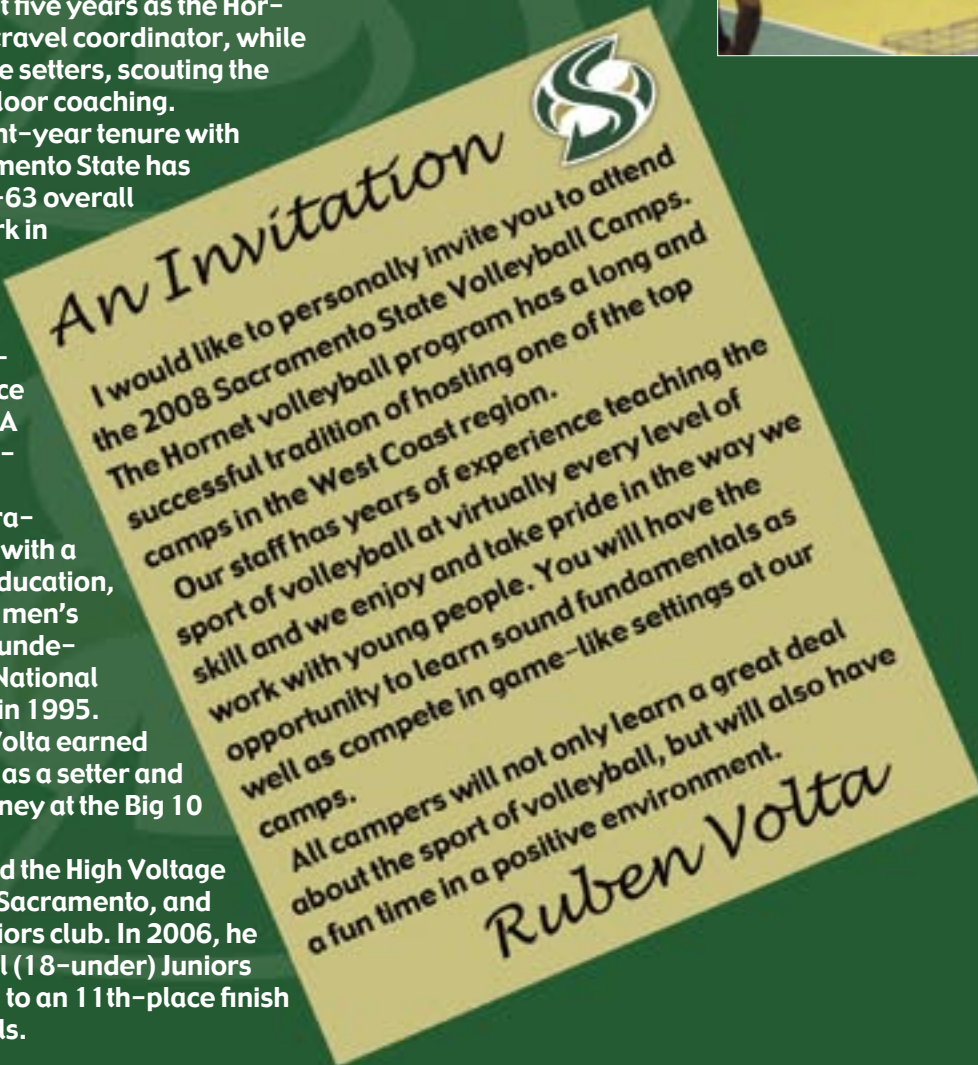
In 1995, he opened the High Voltage volleyball facility in Sacramento, and began running a juniors club. In 2006, he coached the Gold Cal (18-under) Juniors club volleyball team to an 11th-place finish at the junior nationals.

Pictured right, the Hornets Nest (located in the south gym of Yosemite Hall) will serve as one of two facilities in which this year's camp will be held.



# SACRAMENTO STATE VOLLEYBALL

## 2008 Camps



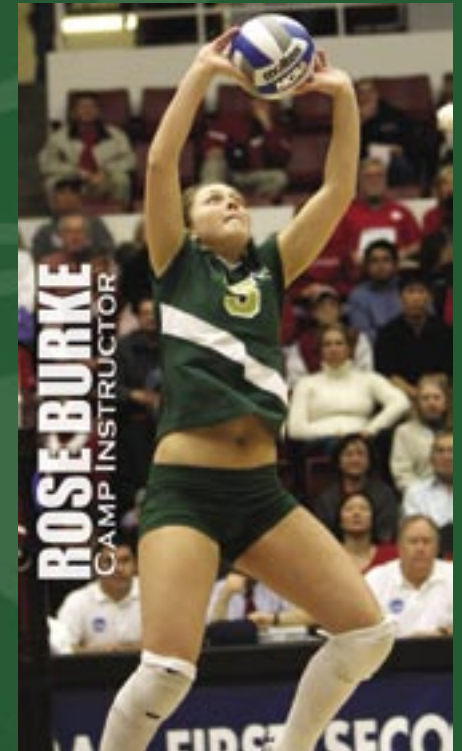
## CO-CAMP DIRECTOR SARAH CHLEBANA

- Enters her first season on the Hornets' staff
- Played four years for the Hornets (1997-00) and has five years of coaching experience.



## CO-CAMP DIRECTOR WEIDI ZHANG

- Has spent the past 21 years as an assistant at Sacramento State
- Former Chinese Olympic assistant coach and player



| Session 1         | Session 2         | Session 3         |
|-------------------|-------------------|-------------------|
| July 21-25        | July 28-Aug. 1    | Aug. 4-8          |
| Monday - Friday   | Monday - Friday   | Monday - Friday   |
| 8:30 am - 12 noon | 8:30 am - 12 noon | 8:30 am - 12 noon |

## Camp Description

The camp will consist of five fairly intense training sessions designed to resemble serious team practices. Instruction in proper technique for each skill will be provided in addition to participation in challenging drills applicable to game situations.

Team offense and defense will also be taught, and a mini-tournament will be conducted on Friday. Only players who are willing to work hard should consider attending.

## Age Groups

Athletes ages 12-18, both boys and girls, are eligible to participate. Players will be grouped by age and ability to maximize the quality of the camp experience.

## Dates/Times/Cost

SESSION 1 - July 21-25; 8:30 am - 12 Noon

SESSION 2 - July 28-Aug. 1; 8:30 am - 12 Noon

SESSION 3 - Aug. 4-8; 8:30 am - 12 Noon

The fee for each camp session is **\$175**. Families registering more than one sibling shall pay **\$150** for each subsequent child.

## More Information

Call Hornet Volleyball Camp at (916) 278-6427 or E-mail us (rvolta@csus.edu).

## Location

The camps will be held in the North and South gyms on the campus of Sacramento State. An acceptance letter and campus map will be mailed or e-mailed to each participant upon acceptance of his/her registration.

**Note:** All camp sessions are strictly commuter; overnight accommodations and meals will not be provided. If a child chooses to leave the camp premises during the camp, such action shall be the responsibility of the parent or guardian.

## Enrollment

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

Please make check payable to CSUS Volleyball and mail to:

**Hornet Volleyball Camp  
Sacramento State Athletics  
6000 J Street/Sacramento, CA 95819-6099**

## Parking

Campers who park on campus may purchase a weekly permit for \$6.75. Please include this with your payment for the camp. A permit will be mailed to you before the start of camp. Daily permits may be purchased by machine for \$5.00 per day.

## 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.

Club Playing Exp.:

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

School Playing Exp.:

School & Grade Next Fall:

Parent E-Mail Address:

Parent Name:

Hm. Phone: ( )

Cell/Work Phone: ( )

Address:

City:

Zip:

Name:

Age:

Height:

Gender: M F

Session 1 – July 21-25

Session 2 – July 28 - Aug. 1

Session 3 – Aug. 4-8

Weekly Permits  Yes  No

## Informed Consent, Liability Release and Medical Treatment Authorization

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: \_\_\_\_\_