



## HEAD COACH STEVE MOOSHAGIAN

Steve Mooshagian enters his fourth year as the head football coach at Sacramento State.

Prior to coming to the Hornets he served as wide receivers coach with the Cincinnati Bengals (1999-02). In his final year, he guided the only receiving corps in the NFL to have four players with 40 catches or more.

As the Bengals' receivers coach, he mentored some of the best young receivers in the league, including Pro Bowl selection Chad Johnson, Peter Warrick, Darnay Scott, Carl Pickens, Michael Westbrook, and T.J. Houshmandzadeh.

Prior to the Bengals, Mooshagian was the offensive coordinator at the University of Pittsburgh (1997-98). At Pitt, he coached the top receiver in the Big East Conference in each of his two years.

In his first season with the Panthers, Mooshagian helped guide the team to a 6-6 record while working under head coach Walt Harris. That season, Pitt recorded wins over Miami and Virginia Tech and also earned a bid to the AXA/Equitable Liberty Bowl.

Mooshagian served one year as the offensive coordinator and quarterbacks coach at the University of Nevada (1996). That year, the Wolfpack led the nation in total offense per game (527 ypg), posted a 9-3

overall record, won the Big West Conference title and the Las Vegas Bowl.

Prior to Nevada, Mooshagian spent 11 years as a coach in Fresno, Calif. In 1995, he served as head coach at Fresno City College where he guided the Rams to a 5-5 record. Prior to Fresno City, he spent 10 years as an assistant coach at Fresno State (1985-94).



The dream of a new athletic facility south of the University's stadium drew closer to reality when Sacramento State President Alexander Gonzalez announced that the Eli and Edythe L. Broad Foundation will provide a gift of \$2 million toward construction.

The facility will contain training facilities, locker rooms and coaches' offices for the University's Division I athletics program. It will be named the Broad Athletic Facility pending approval by the California State University Board of Trustees.

Construction of the modern field house is an important part of enhancing the University's intercollegiate athletics program.

The athletic facility is also the first part of the University's Recreation, Wellness, Events Center and Stadium project. It must be completed before construction of the other facilities can even begin.

### Other Hornet Sport Camps

Volleyball	916-278-6427
Women's Basketball	916-278-4138
Women's Soccer	916-278-5281
Men's Soccer	916-278-6769
Softball	916-278-5376
Baseball	916-278-4036



# 2006 Football Camp



**June 22-25**

For Students Entering Grades 9-12

## Deposit

Must be included with the application. A check for \$1 500 is required for a school, booster club or school district by 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 May 31, 2006, due to limited space.

## Additional Costs

A parking permit is required for each vehicle. The parking permit is \$6.

## Insurance

As the secondary insurance carrier, Sacramento State Athletics has a \$25,000 excess accidental medical insurance for all individual camp participants. There is a deductible which shall be the parent's responsibility. Teams must 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.

## Refund Policy

In case of an emergency, campers may request a refund of their registration fee. If the request is made at least seven (7) 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 \$15.00 charge.

There will be a \$20.00 fee for checks returned by bank. Stopped payments do not constitute a refund. Refunds must be requested.

## Required Equipment

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.

## Tentative Camp Schedule

### Thursday, June 22

- 9:00 a.m. Check-in at Fieldhouse Begins
- 12:00 p.m. Check-in at Fieldhouse Ends
- 12:00 p.m. Introduction/Technique/Team
- 2:30 p.m. Team Period/Situational Scrimmage
- 5:00 p.m. Camp Break
- 6:00 p.m. Team Period/Situational Scrimmage
- 8:00 p.m. Campers Dismissed

### Friday, June 23

- 8:30 a.m. Camp Stretch/Individual Drills (Offense)
- 9:30 a.m. Team Period/Situational Scrimmage
- 12:00 p.m. Lunch
- 1:30 p.m. Coaches Meeting
- 2:30 p.m. Camp Stretch/Individual Drills (Defense)
- 3:30 p.m. Team Period
- 4:30 p.m. Red Zone/Goal Line Challenge
- 5:15 p.m. Camp Break
- 6:00 p.m. Team Period/Situational Scrimmage
- 8:00 p.m. Campers Dismissed

### Saturday, June 24

- 8:30 a.m. Camp Stretch/Individual Drills (Offense)
- 9:30 a.m. Team Period/Situational Scrimmage
- 12:00 p.m. Lunch
- 1:30 p.m. Coaches Meeting
- 2:30 p.m. Camp Stretch/Individual Drills (Defense)
- 3:30 p.m. Team Period
- 4:30 p.m. Red Zone/Goal Line Challenge
- 5:15 p.m. Camp Break
- 6:00 p.m. Team Period/Situational Scrimmage
- 8:00 p.m. Campers Dismissed

### Sunday, June 25

- 8:30 a.m. Camp Stretch/Individual Drills (Offense)
- 10:00 a.m. Scrimmages
- 1:00 p.m. Camp Awards

## Camp Application

*(Clip this section and mail with your check)*

Name/Head Coach \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

High School \_\_\_\_\_

HS Address \_\_\_\_\_

HS City \_\_\_\_\_

HS State \_\_\_\_\_ Zip \_\_\_\_\_

### Team Day Campers

\_\_\_\_\_ 30 Campers/5 coaches \$175 per player

\_\_\_\_\_ 45 Campers/6 coaches \$160 per player

\_\_\_\_\_ 60 Campers/8 coaches \$150 per player

A \$1500 **Non-Refundable** deposit is required with team applications.

**Please make checks payable to:**  
Sacramento State Football Camp

**Mail Applications to:**  
Sacramento State Football Camp  
6000 J Street  
Sacramento, CA 95819-6099

**Application Deadline:** May 31, 2006

**Further Questions:** (916) 278-7053

## 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), 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: \_\_\_\_\_

Parent SSN: \_\_\_\_\_

Child SSN: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Signed: \_\_\_\_\_

*Parent/Legal Guardian*

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