



CAMP DIRECTOR DEBBY COLBERG

Debby Colberg has been the volleyball coach at Sacramento State for the past 30 years. Her teams have won nine consecutive Big Sky

Conference titles and advanced to NCAA postseason play in eight of the last nine years.

Named the Big Sky Conference Coach of the Year seven times in the last nine years, Colberg has guided Sacramento State to 20-win seasons in 24 of the past 26 years. During her tenure, she has posted a 769-278 record (.734 winning percentage).

This past season, her Hornet volleyball squad posted a 26-9 record, and won the Big Sky Conference regular season and tournament championships. The season included a 16-match winning streak.

During her tenure at Sacramento State, Colberg has been honored 10 times as league coach of the year, four times as NCAA Northwest Region Coach of the Year and once as the 1989 AVCA National Coach of the Year.

Colberg will direct the camp with her two assistant coaches, Weidi Zhang and Ruben Volta.

The remaining coaching staff will consist of current and former players and other qualified volleyball coaches from the Sacramento area.

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.



2006 Volleyball Camp

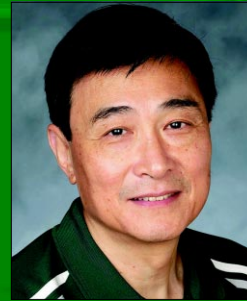
An Invitation

I would like to personally invite you to attend the 2006 Sacramento State Volleyball Camp. The Hornet volleyball program has a long and successful tradition of hosting one of the top camps in the West Coast region.

Our staff has years of experience teaching the sport of volleyball at virtually every level of skill and we enjoy and take pride in the way we work with young people. You will have the opportunity to learn sound fundamentals as well as compete in game-like settings at our camps.

All campers will not only learn a great deal about the sport of volleyball, but will also have a fun time in a positive environment.

Debby Colberg



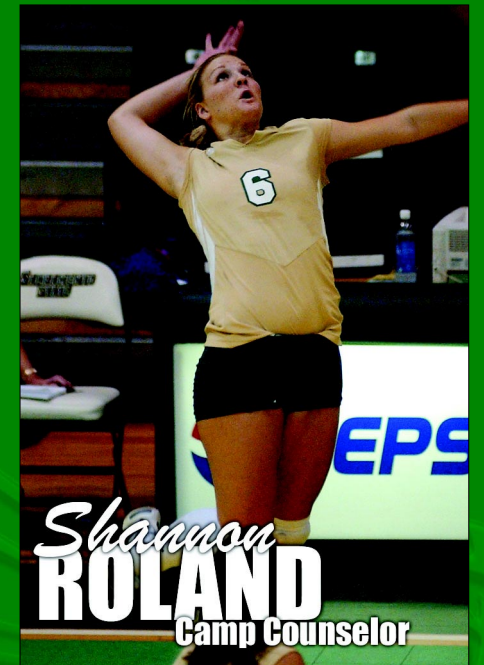
ASSISTANT CAMP DIRECTOR WEIDI ZHANG

- 19-year assistant to Debby Colberg
- Former Chinese Olympic assistant coach and player



ASSISTANT CAMP DIRECTOR RUBEN VOLTA

- Six-year assistant to Debby Colberg
- Thirteen years of club, collegiate and high school coaching



Shannon
ROLAND
Camp Counselor

Session 1
July 24-28
Monday - Friday
8:30 am - 12 noon

Session 2
July 31-Aug. 4
Monday - Friday
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 24-28; 8:30 am - 12 Noon

SESSION 2 - July 31-Aug. 4; 8:30 am - 12 Noon

The fee for each camp session is **\$150**. Families registering more than one sibling shall pay **\$125** for each subsequent child.

More Information

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

Other Hornet Sport Camps

Football	916-278-7053
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

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 \$2.75 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 which shall be the parent's responsibility. 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.

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.

Club Playing Exp.:

Please make check payable to CSUS 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:

Adult T-Shirt Size:

Session 1 – July 24-28

Session 2 – July 31-Aug. 4

Weekly Permit 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: _____