



# BRONCO

## Volleyball Youth Camps

Ages 8-11 years old  
at CAL POLY POMONA UNIVERSITY

Volleyball Camps  
Cal Poly Pomona  
3801 West Temple Ave.  
Pomona, CA 91768-4079



## 2010 BRONCO VOLLEYBALL YOUTH CAMP

Dear Camper,

Our annual summer volleyball camps have been a great tool for high school players to fine-tune their skills and help make the varsity squad. The girls and boys volleyball camp will be under the direction of Head Coach Rosie Wegrich and Assistant Kenji Mukai. Selected returning Bronco volleyball players will provide demonstrations, along with selected guest coaches from local clubs and high schools. As coaches, our objective is to teach you the up-to-date strategies and fundamental skills to help you improve.

As every year, the camp will feature special sessions for positional training; it's your choice to train to become a setter, outside hitter, passing specialist, and/or a middle blocker. The camp will also include pool jump training sessions and video footage of international-level players.



Rosie Wegrich  
2005 CCAA Coach of the Year



Kenji Mukai  
Assistant Coach

## Camp Dates July 5th to July 8th 2010

### About the Head Clinician: ROSIE WEGRICH

Few personalities in volleyball can claim credentials as extensive as those of Rosie Wegrich. Wegrich guided Cal Poly Pomona to a 2005 CCAA Co-Championship, giving the program a share of its first conference title since 1990. Broncos qualified for post season play for the third straight year consecutively and individually earned 4 All CCAA members for 2007. Cal Poly Pomona finished the 2007 season ranked in the top 25 throughout the season.

Wegrich has taken the Broncos to the NCAA playoffs in three of the past three straight years and eight times all together in her 16 years at Cal Poly Pomona. Her Bronco teams in 1992 and 1997 advanced to the finals of the NCAA Southwest Regionals. Before she came to Cal Poly Pomona, Wegrich coached at the Division I level for 17 years, 15 of them at the University of Arizona, where her teams qualified for NCAA competition 12 of the 15 years, finishing ninth four times.

She has coached ten All-Americans, two USA National Team Members and two Canadian National Team Members.

As a player, she competed collegiately at San Diego State, where she captained the team. Following graduation, she embarked on a distinguished six-year career in the International Volleyball Association. She played on three championship teams (1975, '76, and '78) while being chosen Female MVP three consecutive times (1977-79) and earning All-Pro First Team honors every year. In the summer of 2005, Wegrich was honored with a plaque on the Manhattan Beach Volleyball Walk of Fame. The plaque commemorated the 1970 doubles championship Wegrich won in a beach volleyball tournament with partner Christy Hahn.

### About the Assistant Clinician: KENJI MUKAI

Kenji Mukai returns for his third year with the program and adds a wealth of valuable volleyball coaching experience.

Mukai joined the Broncos prior to the 2005 season and helped Cal Poly Pomona earn a record 24-3 record and capture a share of the program's first California Collegiate Athletic Association championship since 1990.

Mukai has a lengthy coaching career at the club level. He has been a club director for the San Gabriel Volleyball Club 18s team for the past three seasons. The team qualified for the Junior Olympics for the seventh year in a row this past summer. He has been responsible for planning and scheduling out-of-state trips, coordinating practice schedules, fundraising and running camps and clinics.

He also coached at Flintridge Sacred Heart Academy from 1997-2000 and was a volunteer assistant coach at Cal State Northridge in 2001. He has also been an assistant coach in track and field at Loyola High School. Mukai graduated from Cal Poly Pomona in 2000 with a degree in history and earned his Masters Degree in Pedagogy from Cal State L.A.

# The No. 1 Volleyball Camp In The Area

## CAMP FEATURES

- Designed for girls/boys ages 8-11.
- Fundamentals of the game introduced within the framework of enjoyment.
- Skill progression and application to the game of volleyball.
- Learn on an individual basis with personalized coaching. Coach to player ratio 1:8
- Excellent facilities are available including: three indoor volleyball courts.
- Emphasis on the fundamental skills, defensive and offensive strategies.
- Athletic trainer on staff.
- Camp T-shirt.

**Volleyball Office** - Cal Poly Pomona  
 Office: (909) 869-2822/4319 Fax: (909) 869-2814  
 E-Mail: [rwegrich@csupomona.edu](mailto:rwegrich@csupomona.edu)

**Make checks payable to:** CPP Foundation **Memo:** Volleyball

## CAMP INFORMATION

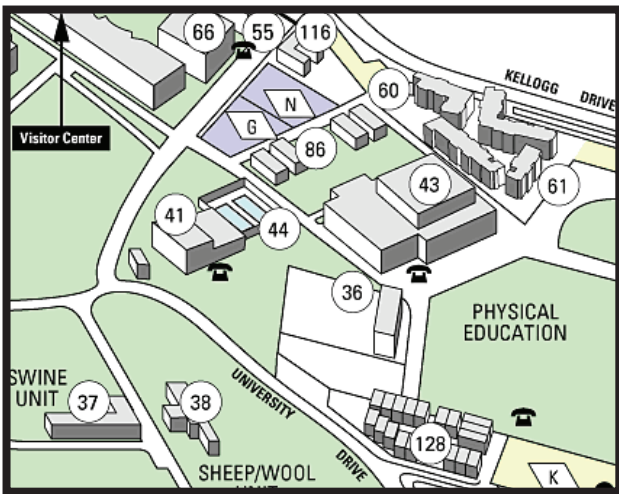
**Camp #1:** Monday, July 7 - Friday, July 11, 2008

**Where:** Camp #1 check in at Darlene May Gym  
 (Bldg. 41 on campus map) @ 8:00 AM  
 - first day only, Tuesday - Friday hours: 9:00AM - 12:00PM.

**Deposit:** A **NON-REFUNDABLE** \$50 deposit is required with each application.  
 Remaining balance must be paid in full on or before the first day of camp.

### On-Line Application Form

- 1: [www.broncoathletics.com](http://www.broncoathletics.com)
- 2: Click on Sports Camps
- 3: Click on Register Now



## REGISTRATION

Cal Poly Pomona Volleyball Camp: Mail your registration early! If you are not paying in full, a NON-REFUNDABLE \$50 deposit must accompany this application. **Make checks payable to:** CPP Foundation Memo: Volleyball Mail to: Sports Camp Coordinator, Athletic Department, 3801 West Temple Avenue, Pomona, CA 91768-4079.

Check the camp you are registering for: **CAMP \$115.00 July 5 - July 8 (9 AM - 12 PM)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Parent's Work Phone: ( ) \_\_\_\_\_

Parent's Cell Phone: ( ) \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Playing Experience (Level) \_\_\_\_\_ Shirt Size: S M L XL

Please check the appropriate information:  Payment in Full Enclosed  \$50 Reservation Deposit Enclosed

Credit Type: \_\_\_\_\_ Expiration Date (MM/YY): \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Cardholder Billing Zip Code: \_\_\_\_\_ Card holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL RELEASE APPROVAL

I give permission for my child \_\_\_\_\_ to participate in the referenced activity/activities, hereby assuming full responsibility for all risk of injury or loss which may result from my child's participation in the Bronco Sports Camp(s) and hereby agree to hold harmless and indemnify the State of California, California State Polytechnic University, Pomona, the trustees, officers, agents, faculty, staff, volunteers and students against all claims, demands, suits, judgments arising out of or in connection with the aforementioned activity.

Past Health (On Medication): \_\_\_\_\_ Past Injuries: \_\_\_\_\_

Present Health (On Medication): \_\_\_\_\_

Drug Sensitivities: \_\_\_\_\_ Other Allergies: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Other Health and Accident Coverage: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_

As the parent/legal guardian of \_\_\_\_\_, I request that in my absence the above named CHILD if required be admitted to any hospital or medical facility for diagnosis and /or treatment. I request and authorize physicians, nurses, dentists and staff, to perform any diagnostic procedures, treatment procedures, and operative procedures to the above named individual. I have not been given any guarantee as to the results of any treatment if performed on the above named individual. I hereby accept any financial responsibility for any and all medical treatment necessary to be administered to the above named CHILD in the event of an accident, injury, sickness, etc. Any representative of California State Polytechnic University, Pomona is designated to act on my behalf until I have been contacted. I have understood the terms and conditions of the Release of Liability and Medical Consent/Release Form and am signing on behalf of my child \_\_\_\_\_.

Parent or Guardian (Type Your Name): \_\_\_\_\_

Please print and sign.  
 Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_