



Register online at
www.packfootballcamps.com or
send this registration form and your camp
payment made payable to:

CSU-Pueblo Football
Attn: Mike Babcock
2200 Bonforte Blvd.
Pueblo, CO 81001

For more information contact Coach Babcock
at (719) 549-2269 or email
mike.babcock@colostate-pueblo.edu.



CSU-Pueblo Football
151-116
2200 Bonforte Blvd.
Pueblo, CO 81001



2012 ThunderWolves Football

Passing Academy
June 30-July 1, 2012
Ages 13-18

Neta & Eddie DeRose ThunderBowl

Early Registration Deadline: June 15, 2012

CAMP INFORMATION

Coach John Wristen and the entire CSU-Pueblo football coaching staff are excited to offer our annual Passing Academy. This is an elite camp for quarterbacks, wide receivers and defensive backs. Campers will receive instruction at their position both on the field and in the classroom. Players will learn how to watch film, take notes, and apply what they have learned on the field. This camp will be the best value compared to other camps you can attend.

FOOD AND LODGING

Three daily meals are provided for overnight campers. The meals are served buffet style. All boarders are housed in the dormitory in a safe and secure environment. Boarders may put who they would like to room with on the registration and the floors will be age specific.

COST

Overnight - \$150 per athlete

Day/Commuter - \$120 per athlete

\$25 late fee if not received by June 15, 2011

ARRIVAL/DEPARTURE INFORMATION

Arrive: June 30 at 8:30 a.m. - ThunderBowl Field House

Depart: July 1 at 4:30 p.m. - ThunderBowl Field House

REQUIRED EQUIPMENT

Please make sure to bring the following items to camp: football cleats, mouthpiece, shorts, helmet, shoulder pads, jersey, t-shirt and socks.



2012 FOOTBALL CAMP STAFF



John Wristen, CSU-Pueblo Head Football Coach



Mike Babcock - Quarterbacks



Bernard Jackson - Wide Receivers



Donnel Leomiti - Defensive Backs

REGISTRATION FORM

Camper Information

Name _____

Address _____

City/State/Zip _____

Cell Phone _____

Email Address _____

Emergency Phone _____

Age _____ Grade in Fall _____

High School Attending: _____

Name of Roommate _____

*Make sure your roommate lists you on their registration form as well.

Check for Camp Status:

Commuter or Resident

****Save \$25 per player by registering by June 15, 2012****

CSU-PUEBLO RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER

Read this document completely before signing. Its effect is to release the University from any liability resulting from participation in the above-named camp/clinic/activity and waives all claims for damages or losses against the University.

In consideration of my being permitted by Colorado State University-Pueblo to participate in the above-named camp/clinic on the University's campus on the above-listed dates, I (please PRINT name) _____, exercising my own free choice to participate voluntarily in the above-named activities, and promising to take due care during such participation, hereby release and discharge, indemnify and hold harmless the Board of Governors and Colorado State University -Pueblo, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, and causes of action whatsoever, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participating in and/or presence at the above listed activities. I acknowledge that I am aware of the hazards and risks which may be associated with my participation in the above-named activities including, but not limited to, pulled/strained muscles, injuries or damages to joints and ligaments, cuts and bruises, concussions, sprains, broken bones, and damage that can result from increased heart rate including heart attack and stroke. I understand, accept, and assume those hazards and risks, and waive all claims against the Board of Governors and Colorado State University, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participating in normal or unusual acts associated with the above-named activities.

Signature of Camper _____ Date _____

I, (please PRINT name) _____, am the parent or legal guardian of the participant who is listed above. I have read and understand the provisions of this document. I consent to the participation in the activities described above, and I fully enter into and agree to the above Release From Responsibility, Assumption of Risk, and Waiver. I further request and authorize the proper personnel of the above-named camp/clinic to refer to an appropriate medical facility, for treatment of illness, injury or both; and I further authorize the physician(s) selected by the camp personnel to treat said injury or illness as they think best for the most advantageous welfare of the patient if that should be a circumstance.

In case of emergency, please contact: _____
Name (please PRINT)

Emergency Phone Number _____ Cell# _____

Medical Insurance Company _____ Policy Number _____

Member ID # _____ Group ID # _____

Medical Insurance Company Phone Number _____

Medical Insurance Address _____

Parent / Guardian Signature _____ Date _____