



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

**Individual Skill Camp &
Big Man Camp**

June 23, 2012

Early Registration Deadline - June 1

**Individual Skill Camp &
Big Man Camp**

July 21, 2012

Early Registration Deadline - July 1

Ages 14 - 18

8:15 a.m. - 4:15 p.m.

Neta & Eddie DeRose ThunderBowl

CAMP INFORMATION

Individual Skill Camp

Players will receive instruction in their particular position. QB's, WR's, RB's, TE's, DB's, and LB's will get the individual attention from CSU-Pueblo coaches, and many guest coaches with both collegiate and NFL experience. After individual instruction is complete, we will compete against each other in 1 on 1 drills.

Big Man Camp

Offensive and defensive lineman will receive the particular skills it takes to play on the line. Time will be spent going over individual technique in the morning. After lunch you will compete against each other, both on the field and in the weightroom.

LUNCH

Please plan to provide your own lunch. We will provide a large pizza and a Gatorade for \$10, for those campers who are interested in this option. Please check the appropriate box on registration form, if interested.

COST

\$50 per athlete - **\$65 if not received by early deadline**

ARRIVAL/DEPARTURE INFORMATION

Arrive: June 23/July 21 at 8:15 a.m. - ThunderBowl Field House
 Depart: June 23/July 21 at 4:15 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

Individual Skill Camp Coaching Staff: Steve Sewell, Mike Babcock, Hunter Hughes, Donnell Leomiti, and Dale Creswell, Bernard Jackson, Sam Sewell

Big Man Camp Coaching Staff: Chris Symington, Jon Vicars, Craig Ward, Paul Creighton

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 payment by mail.

CAMP SCHEDULE

8:15 A.M.	ARRIVAL / REGISTRATION
9 A.M.	OPENING REMARKS
9:15 A.M.	SESSION 1
11:30 A.M.	LUNCH
1 P.M.	SESSION 2 / SKILL IN WEIGHTROOM
2:30 P.M.	SESSION 3 / BIG MAN IN WEIGHTROOM
4 P.M.	CLOSING REMARKS
4:15 P.M.	DEPARTURE

For more info visit www.packfootballcamps.com
 Make checks payable to CSU-Pueblo Football

REGISTRATION FORM

Camper Information

Name _____
 Address _____
 City/State/Zip _____
 Cell Phone _____
 Email Address _____
 Emergency Phone _____
 Age _____ Grade in Fall _____
 School Attending in Fall: _____
 Position: _____

Lunch

I will provide my own lunch
 Pizza lunch for an additional \$10 (circle below)
 Pepperoni Sausage Cheese

Check for Camp Attending:
 June 23 or July 21

****Save \$15 per player by registering by early deadline****

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 _____