



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



**2012 ThunderWolves Football
Youth Team Camp
Ages: 11 - 14
July 28-29, 2012
Neta & Eddie DeRose
ThunderBowl**

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.



CAMP INFORMATION

Coach John Wristen and the entire CSU-Pueblo coaching staff are very excited to offer our annual junior team camp this summer. Attending our junior team camp will give players and coaches the opportunity to tune-up their existing offense and defense and the chance to get valuable reps when installing new systems. Coaches will have an opportunity to meet with our coaching staff and learn different drills and schemes to help in the upcoming season.

All campers will have the opportunity to work on position specific drills with the CSU-Pueblo Football coaching staff. They will also be given practice time with their teams to help better themselves for the upcoming season. Individuals are welcome and encouraged to attend the camp. Nightly PACK Ball tournaments will give a fun and exciting edge to football skills.

FOOD & LODGING

Three daily meals are provided for boarders. 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 brochure and the floors will be age specific.

COST

Overnight Campers: \$80 per player
Commuter Campers w/ Meal Plan: \$50 per player
****Registrations received after July 15 will pay an additional \$25 per person.****

ARRIVAL/DEPARTURE INFORMATION

Arrive: July 28 at 8:30 a.m. at the ThunderBowl
Depart: July 29 at 4:30 p.m. at the ThunderBowl

REQUIRED EQUIPMENT

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

Also, make sure to bring the following personal items: towels, pillow, toiletry items, bedding, and spending money (snacks and CSU-Pueblo merchandise will be available for purchase).

2012 FOOTBALL CAMP STAFF



John Wristen, CSU-Pueblo Head Football Coach

Offensive Coaching Staff: Steve Sewell, Mike Babcock, Chris Symington, Sam Sewell, Bernard Jackson

Defensive Coaching Staff: Hunter Hughes, Donnell Leomiti, Carl Feters, Craig Ward, Dale Creswell, Paul Creighton

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www.packfootballcamps.com or send
this registration form and your camp payment
by mail.

MAKE CHECKS PAYABLE TO CSU-PUEBLO FOOTBALL

REGISTRATION FORM

Camper Information

Name _____
Address _____
City/State/Zip _____
Cell Phone _____
Email Address _____
Emergency Phone _____
Age _____ Grade _____
School Attending in Fall: _____
Name of Roommate _____
*Make sure your roommate lists you on their registration form as well.
Check for Camp Status:

Commute or Overnight
 Individual or With a Team

****Save \$25 per player by registering by July 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 _____