



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



2012 ThunderWolves Football

Full Contact High School Team Camp

Camp #1: June 17 - 20, 2012

Camp #2: June 24 - 27, 2012

Camp #3: July 22 - 25, 2012

Early Registration Deadline: June 1, 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.

TEAM CAMP INFORMATION

Coach John Wristen and the entire CSU-Pueblo coaching staff are very excited to offer this full contact team camp. Our high school camp is a chance for you and your team to be better prepared for the upcoming season. Attending our full contact camp gives players and coaches the opportunity to tune-up their existing offense and defense, or the chance to get valuable reps when installing new systems.

Our high school camp includes team practice time, 7 on 7 tournaments, one on one time for OL/DL and highly competitive scrimmages against other participating high schools. Our coaching staff is available for individual workouts as well.

FOOD & 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 brochure and the floors will be age specific.

COST

Overnight Campers: \$200 per player
\$225 if not received by June 1, 2012
 Commuter Campers: \$120 per player
\$145 if not received by June 1, 2012

ARRIVAL/DEPARTURE INFORMATION

Camp #1

Arrive: June 17 at 1 p.m. at Belmont Res. Hall
 Depart: June 20 at 11 a.m. at Belmont Res. Hall

Camp #2

Arrive: June 24 at 1 p.m. at Belmont Res. Hall
 Depart: June 27 at 11 a.m. at Belmont Res. Hall

Camp #3

Arrive: July 22 at 1 p.m. at Belmont Res. Hall
 Depart: July 25 at 11 a.m. at Belmont Res. Hall

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, Bernard Jackson, Sam Sewell

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

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

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.

Circle for Camp Status:

HS 1
June 17th

HS 2
June 24th

HS 3
July 22nd

****Save \$25 per player by registering by June 1, 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 _____