

151-116
Colorado State University-Pueblo Football
2200 Bonforte Blvd.
Pueblo, CO 81001

CAMP PERSONNEL

JOHN WRISTEN

CSU-PUEBLO HEAD FOOTBALL COACH



A three-time RMAC Coach of the Year and 2011 National Coach of the Year, Wristen has built the ThunderWolves into a national power just a few years after taking over the startup program in 2008. Under his leadership, CSU-Pueblo has finished in the top ten nationally each of the past three seasons.

CRAIG WARD

CSU-PUEBLO CAMP DIRECTOR



A former all-conference selection as a player at CSU-Pueblo, Ward has directed Pack Football's quality control efforts since the program began in 2008 and is the director of the ThunderWolves' wildly successful summer camp program. "Wardo" is your go-to contact for this exciting camp!

CSU-Pueblo Football Coaches

DAREN WILKINSON, Offensive Coordinator/Quarterbacks
HUNTER HUGHES, Defensive Coordinator/Linebackers
CHRIS SYMINGTON, Offensive Line Coordinator
STEVE SEWELL, Running Backs Coach
BERNARD JACKSON, Wide Receivers Coach
PAUL CREIGHTON, Defensive Line Coach
DONNELL LEOMITI, Defensive Backs Coach
CARL FETTERS, Linebackers Coach
JAKE NOVOTNY, Assistant Defensive Coach
J.T. HADDAN, Tight Ends Coach
MARK HAERING, Offensive Quality Control

CAMP PHILOSOPHY
"To train our campers like a ThunderWolf, training to win Championships"

MISSION STATEMENT
"... To train like a champion and build quality men and quality football players."

PACK

CSU-PUEBLO INDIVIDUAL CAMP

JUST \$35!
The BEST VALUE
Camp in Colorado
INDIVIDUAL CAMP
July 26, 2014



INDIVIDUAL CAMP

The **2014 PACK FOOTBALL INDIVIDUAL CAMP** is designed to provide instruction for each camper at their particular position. QBs, WRs, RBs, TEs, OLs, DEs, LBs and DBs will get individual attention from the highly-accomplished CSU-Pueblo coaching staff, which bring a combined 100-plus years experience coaching college football.

The **2014 PACK FOOTBALL INDIVIDUAL CAMP** is open to high school players and features the following:

- Full-contact
- Practice time with CSU-Pueblo Football staff
- Weight room presentations with nationally-renowned strength and conditioning coach Allen Hedrick
- 1-on-1 competitions

TIMES & DATE

SATURDAY, JULY 26, 2014

Arrive at 5 p.m. at the Neta & Eddie DeRose ThunderBowl Field House

Depart at 10 p.m. at the Neta & Eddie DeRose ThunderBowl Field House

LUNCH

To keep costs low, you must provide your own lunch. We will provide a large pizza and Gatorade for \$10 for those campers who are interested in this option (Please check the appropriate box on the registration form if interested).

REQUIRED EQUIPMENT

REQUIRED EQUIPMENT: Football cleats, mouthpiece, shorts, helmet, shoulder pads, jersey, T-shirt and socks.

CAMP PRICES

\$35 per camper (\$45 will meal option)

A \$15 late fee will be assessed if not registered by June 1

HOW TO REGISTER?

Fill out the attached form with payment and mail to: CSU-Pueblo Football Camps, 2200 Bonforte Blvd, Pueblo, CO 81001. For your convenience, online registration is available at PackFootballCamps.com.

QUESTIONS?

For more information on this or any CSU-Pueblo Football Camp, contact Camp Director Craig Ward at (308) 325-5997 or at Craig.Ward@colostate-pueblo.edu

INDIVIDUAL CAMP REGISTRATION FORM

SAVE TIME & REGISTER ONLINE @PACKFOOTBALLCAMPS.COM

☐ YES, I WOULD LIKE THE \$10 MEAL OPTION AS WELL

NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
HOME PHONE: _____ **CELL PHONE:** _____
E-MAIL: _____
AGE: _____ **GRADE IN SEP. 2014:** _____
SCHOOL: _____
CREDIT CARD#: _____ **EXP.** _____
FULL NAME ON CARD: _____
IF PAYING BY CHECK, ENCLOSE PAYMENT W/REGISTRATION

COLORADO STATE UNIVERSITY - PUEBLO RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER

CSU-PUEBLO PACK FOOTBALL ELITE TEAM TAMP
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 # _____
Member ID# _____ Group ID # _____

Medical Insurance Company Phone Number _____
Medical Insurance Address: _____

