



"CAMP OF CHAMPIONS"

# PACK

## CSU-PUEBLO INDIVIDUAL CAMP

**JUST \$35!**  
**The BEST VALUE**  
**Camp in Colorado**  
**INDIVIDUAL CAMP**  
July 22, 2017

151-116

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

## CAMP PERSONNEL

### JOHN WRISTEN

CSU-PUEBLO HEAD FOOTBALL COACH



A five-time RMAC Coach of the Year and 2014 National Coach of the Year, Wristen guided the ThunderWolves to the NCAA Division II National Championship in just seven short years since the re-start of the program in 2008.

Under his leadership, CSU-Pueblo has claimed RMAC Championships in five of the past six seasons.

### CSU-Pueblo Football Coaches

DONNELL LEOMITI, Co-Defensive Coordinator/DBs Coach

MARK CRINER, Co-Defensive Coordinator/Linebackers

GORDON SHAW, Offensive Line/Running Game Coordinator

DAVE BROWN, Quarterbacks/Passing Game Coordinator

SAM SEWELL, Running Backs Coach

MARK HAERING, Wide Receivers Coach

BO BECK, Defensive Line Coach

CARL FETTERS, Linebackers Coach

LUKE MUNSTERTEIGER, Tight Ends Coach

KYLE MOSSBRUCKER, Special Teams Assistant/Kickers

## 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."



## INDIVIDUAL CAMP

The **2017 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 **2017 PACK FOOTBALL INDIVIDUAL CAMP** is open to high school players and features the following:

- Non-Padded
- 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 22, 2017**

**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

**"CAMP OF CHAMPIONS"**

## DINNER

To keep costs low, you must provide your own dinner. 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](http://PackFootballCamps.com).

## QUESTIONS?

For more information on this or any CSU-Pueblo Football Camp, contact Camp Director Mark Criner at (719) 549-2029 or at [mark.crinier@csupueblo.edu](mailto:mark.crinier@csupueblo.edu)

## INDIVIDUAL CAMP REGISTRATION FORM

**PREFERRED REGISTRATION METHOD @ [PACKFOOTBALLCAMPS.COM](http://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 SEPT. 2016:** \_\_\_\_\_  
**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 INDIVIDUAL CAMP**  
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: \_\_\_\_\_

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