GMP 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

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

0 train like a

champion and build quality

"To train our campers like a ThunderWolf

training to win Championships."

men and quality football players."

CSU-PUEBLO HIGH SCHOOL TEAM CAMPS 4 AVAILABLE CAMPS

olorado tate

niversity

"CAMP OF CHAMPIONS"

RM

June 5-8, 2017 (Elite) June 10-13, 2017 June 21-24, 2017 July 16-19, 2017

HICH SCHOOL HEAM CAMPS

The **2017 HIGH SCHOOL TEAM CAMP** is a fullcontact camp designed to prepare teams for the upcoming season. The 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.

The **TEAM CAMP** features the following:

- Team Practice Time
- 7-on-7 Tournaments
- One-on-one time for OL/DL
- Highly competitive scrimmages against other participating high schools
- CSUP Coaching Staff-led individual workouts

THMES & DATES

MONDAY, JUNE 5 - THURSDAY, JUNE 8 SATURDAY, JUNE 10 - TUESDAY, JUNE 13 WEDNESDAY, JUNE 21 - SATURDAY, JUNE 24 SUNDAY, JULY 16 - WEDNESDAY, JULY 19

Arrive at 1 p.m. on the first day of camp at CSU-Pueblo's Greenhorn Residence Hall **Depart** at 11 a.m. on the final day of camp at CSU-Pueblo's Greenhorn Residence Hall

ULESTHONS?

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

FOOD & LODGING

Three daily meals served buffet style are provided for overnight campers. All boarders are housed in the CSU-Pueblo Resident Halls in a safe and secure environment. Boarders may request roommates and floors will be age-specific.

REQUIRED EQUIPMENT

REQUIRED EQUIPMENT: Football cleats, mouthpiece, shorts, football pants, shoulder pads, athletic supporter, T-shirts, football, helmet, jersey, socks, and personal items (towels, pillow, toiletries, bedding, spending money for snacks and CSU-Pueblo merchandise).

GAMP PRICES

Overnight Camper: \$225 per player

Commuter Campers (no meals): \$120 per player A \$25 late fee will be assessed if not registered by June 1

HOW TO REGISTER?

To reserve your team's spot in camp, contact Mark Criner at (719) 549-2029. Please note that all individual participants must fill out a registration to participate in camp. For your convenience, online registration is available at PackFootballCamps.com.

TEAM CAMP REGISTRATION FORM

PREFERRED REGISTRATION METHOD @ PACKFOOTBALLCAMPS.COM

SELECT SESSION

□ 6/5 - 6/8 □ 6/10 - 6/13 □ 6/21 - 6/24 □ 7/16 - 7/19

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 HIGH SCHOOL TEAM 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 attach 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.



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.

Name (Please PRINT)

In case of emergency, please contact:

Emergency Phone Number	Cell #	
Medical Insurance Company	Policy #	
Member ID#	Group ID #	
Medical Insurance Company Phone Number		
Medical Insurance Address:		