

## Camp Director



**SIERRA CARDENAS**  
CSU-PUEBLO HEAD  
WOMEN'S SOCCER COACH

- NSCAA National and Advanced National Diplomas
- 5-plus years coaching experience

• Played goalkeeper at Eastern NM and holds five school records at GK position.

- Most recently was Head Coach at Otero JC
- NJCAA Region IX Coach of the Year (2015)
- Mentored 14 all-region student-athletes including nine first-team honorees.



Colorado State University-Pueblo Women's Soccer  
2654-013  
2200 Bonforte Blvd.  
Pueblo, CO 81001



# PACK

## WOMEN'S SOCCER ELITE CAMP

CSU-Pueblo Campus  
Art & Lorraine Gonzales Stadium  
June 23, 2018



## CAMP REGISTRATION FORM

**SAVE TIME & REGISTER ONLINE @PACKCAMPS.COM!**

**T-SHIRT SIZE:** (circle one) S M L XL

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**E-MAIL ADDRESS\*:** \_\_\_\_\_  
*\*Will be the main form of communication about camp details/changes, etc.*

**EMERGENCY PHONE:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **HS GRADUATION YEAR:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**PARENT'S NAME:** \_\_\_\_\_

**CREDIT CARD#:** \_\_\_\_\_ **EXP.** \_\_\_\_\_

**FULL NAME ON CARD:** \_\_\_\_\_

**IF PAYING BY CHECK, ENCLOSE PAYMENT W/REGISTRATION**  
**Cost: \$65. Checks should be made payable to CSU-Pueblo Women's Soccer**

## Camp Philosophy

The mission of CSU-Pueblo Women's Soccer is to use soccer as an engine to promote and teach strong character traits of high value to encourage personal development and help our players achieve success on the soccer field, in the classroom and later in life. Our vision includes a pursuit of personal, academic, and athletic excellence by creating a healthy competitive environment that cultivates success and creativity in our players.

The Pack Women's Soccer camp is designed to teach and evaluate young women that aspire to play collegiate soccer and become the very best they can be.

## Camp Schedule

- Saturday, June 23
- 9:30 a.m. - Arrive & Check-In ALG Stadium
  - 10:00 a.m. - 12:00 p.m. Training Session/Games
  - 12:00 p.m. - 1:30 p.m. Campus Tour/Q&A
  - 1:30 - 3:00 p.m. Lunch Break (On Your Own)
  - 3:00 - 5:00 p.m. - Training Session/Games

## Camp Information

- Who:** Girls graduating high school in 2018, 2019, 2020, 2021 AND eligible college transfers
- When:** June 23rd at 9:30 a.m.
- Where:** CSU-Pueblo Campus (Art & Lorraine Gonzales Stadium Check-In)/ ALG Stadium (Training Sessions)
- Cost:** \$65 per camper (\$20 late fee after May 28). Cost includes: 4 hours of training/instruction and camp t-shirt.
- What to Bring:** Ball, Cleats, Water Bottle, Shin-guards, Sunblock, Indoor Shoes (in case of inclement weather)
- Need a Place to Stay?:** Visit [www.gothunderwolves.com/information/gameday/hotels](http://www.gothunderwolves.com/information/gameday/hotels) for a listing of CSU-Pueblo Corporate Partner hotels
- Refund Policy:** 50% of tuition will be refunded up to one week before camp, after that point, no refunds will be issued

## How to Register

- 1.) Complete this registration form and liability release OR complete registration at [www.packwomenssocceramps.com](http://www.packwomenssocceramps.com)
- 2.) Makes checks payable to CSU-Pueblo Women's Soccer.
- 3.) Mail forms and checks to: CSU-Pueblo Women's Soccer, 2200 Bonforte Blvd., Pueblo, CO 81001

### COLORADO STATE UNIVERSITY - 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 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.

**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: \_\_\_\_\_