

Camp Director



SIERRA CARDENAS

CSU-PUEBLO HEAD
WOMEN'S SOCCER COACH

- Guided the ThunderWolves to the RMAC Tournament Final and a #4 RMAC regular season finish in first year.
- Selected to the United Soccer

Coaches 2017 30 Under 30 class - A program that recognizes the top 30 rising coaches in the nation under the age of 30.

- Holds National and Advanced National Coaching licenses from the United Soccer Coaches.
- 5-plus years coaching experience
- Played goalkeeper at Eastern New Mexico 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 15 all-region student-athletes including ten first-team honorees.

CAMP STAFF

CSU-Pueblo Assistant Coaches
CSU-Pueblo Women's Soccer Student-Athletes
Guest Coaches



Established: 1994
Division: NCAA Division II
Mascot: ThunderWolf
Colors: Red & Blue
Conference: Rocky Mountain Athletic Conference
Team GPA: 3.4

2017

Overall: 10-8-1

RMAC: 7-4-1

Regular Season: 4th Place

RMAC Tournament: 2nd Place

RMAC Player of the Year

5 All-RMAC Team Awards

4 All-RMAC Tournament Selections

1 South Central All-Region Team

2016

Overall: 14-5-1

RMAC: 9-2-1

Regular Season: 2nd Place

RMAC Tournament: 2nd Place

Qualified for NCAA Tournament (First time in program history)

6 All-RMAC Team Awards

4 All-RMAC Tournament Selections

1 South Central All-Region Team

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



PACK

WOMEN'S SOCCER PROSPECT CAMP

CSU-Pueblo Campus
Art & Lorraine Gonzales Stadium
February 10-11, 2018



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 Information

- Who:** Girls graduating high school in 2018, 2019, 2020, 2021 AND eligible college transfers
- When:** February 10-11 at 4:00 p.m.
- Where:** CSU-Pueblo Campus (Art & Lorraine Gonzales Stadium Check-In)/ ALG Stadium (Training Sessions)
- Cost:** \$80 per camper (\$20 late fee after Feb. 5). Cost includes: 4 hours of training/instruction and camp t-shirt.
- What to Bring:** Ball, Cleats, Water Bottle, Shinguards, Sunblock, Indoor Shoes (in case of inclement weather)
- Need a Place to Stay?:** Visit 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

Camp Schedule

Day 1 (Saturday, February 10)

- 4:00 p.m. - Arrive & Check-In ALG Stadium
 4:00 - 6:00 p.m. - Training Session 1
 6:00 - 7:00 p.m. - Q&A with current CSU-Pueblo Soccer Players and Coaching Staff

Day 2 (Sunday, February 11)

- 9:00 a.m. - 11:00 a.m. Training Session 2
 11:00 a.m. - 12:15 p.m. Lunch On Your Own
 12:15 p.m. - 1:15 p.m. Campus Tour
 1:30 p.m. - 3:30 p.m. - Training Session 3

3:30 p.m. - Camp Dismissed

How to Register

- 1.) Complete this registration form and liability release (Or complete registration at PackCamps.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

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: \$80. Checks should be made payable to CSU-Pueblo Women's Soccer

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 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: _____