Camp Directors



OLIVER TWELVETREES CSU-PUEBLO HEAD MEN'S SOCCER COACH

- Hired in April 2020
- record of 239-63-15



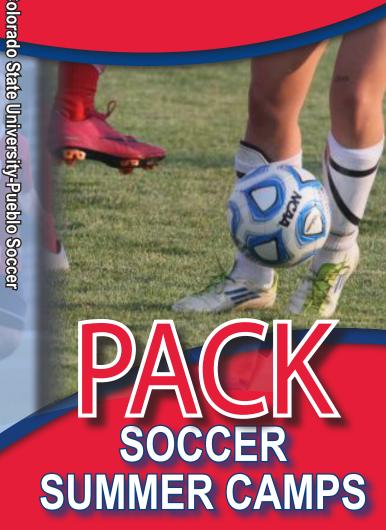
SIERRA CARDENAS CSU-PUEBLO HEAD WOMEN'S SOCCER COACH

- Entering 4th season as the CSU-Pueblo Women's Soccer Coach
- NSCAA National and Ad-

vanced National Diplomas

- 8-plus yeas coaching experience
- Played goalkeeper at Eastern NM and holds five school records at GK position
- 2015 NJCAA Region IX Coach of the Year.
- ing nine first-team honorees

WORKING AT THE CAMP
Pascale Rocca, Women's Assistant Coach & CSU-Pueblo Student-Athletes



2200 Bonforte Blvd. Pueblo, ©O 8/100/1

The place to come for great skills coaching!

Beginners & Intermediate Half Day Camp: July 27-31 All Day Camp: July 27-31



Ages 5-10, boys and girls

When: July 27 - July 31, 8:30 -10:30 a.m.

\$55 per child (\$15 late fee after July 20) Goals: Provide players with a solid understanding

ntermediate Half Day Camp

Where: CSU-Pueblo Soccer Complex

level skills and tactics.

8:30-10:30 a.m.: Skills and tactics

Players are required to bring shinguards, soccer ball and water.

All Day Camp

July 27 - July 31, 9 a.m.- 4:30 p.m.

Where: CSU-Pueblo Soccer Complex, Gym, Pool

\$165 per child, lunch included \$130 per child, no lunch

swimming for muscle recovery.

How to Register

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

2.) Makes checks payable to CSU-Pueblo Soccer.

2200 Bonforte Blvd., Pueblo, CO 81001

CAMP REGISTRATION FORM

SAVE TIME & REGISTER ONLINE @PACKCAMPS.COM!

T-SHIRT SIZE: (circle one)) YS YM YL AS AM AL XL	
NAME:		
ADDRESS:		
CITY:	STATE: ZIP:	
HOME PHONE:		
EMERGENCY PHONE:		
AGE: SEX (CIRCL	LE ONE): M F	

PARENT'S NAME: IF PAYING BY CHECK, ENCLOSE PAYMENT W/REGISTRATION **CAMP FEE (CHECK ALL APPLICABLE)**

BEGINNERS CAMP (\$55) __INTERMEDIATE CAMP (\$80) ALL DAY CAMP W/LUNCH (\$165) __ ALL DAY CAMP W/O LUNCH (\$130)

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

CSU-PUEBLO PACK SOCCER 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 to participate in the above-named camp/clinic on the University's campus on the above-listed dates, I (please

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

Signature of Camper:

I, (please PRINT name)

described above, and I fully enter into and agree tity, Assumption of Risk, and Waiver.	
I further request and authorize the proper personnerefer to an appropriate medical facility, for treatme authorize the physician(s) selected by the camp p as they think best for the most advantageous welf circumstance.	nt of illness, injury or both; and I further ersonnel to treat said injury or illness
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:	

am the parent or legal guardian of the participant who is listed above. I have read and