

Camp Directors



**OLIVER
TWELVETREES**
CSU-PUEBLO HEAD
MEN'S SOCCER COACH

- Hired in April 2020
- Amassed a coaching 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 Advanced National Diplomas
 - 8-plus years coaching experience
- Played goalkeeper at Eastern NM and holds five school records at GK position
 - 2015 NJCAA Region IX Coach of the Year.
 - Mentored 14 all-region student-athletes including nine first-team honorees

WORKING AT THE CAMP

Pascale Rocca, Women's Assistant Coach & CSU-Pueblo Student-Athletes

Colorado State University-Pueblo Soccer
2654-012
2200 Bonforte Blvd.
Pueblo, CO 81001

PACK SOCCER SUMMER CAMPS

The place to come for
great skills coaching!

Beginners & Intermediate Half Day

Camp: July 27-31

All Day Camp: July 27-31



Beginner Half Day Camp

Who: Ages 5-10, boys and girls
 When: July 27 - July 31, 8:30 -10:30 a.m.
 Where: CSU-Pueblo Soccer Complex
 Cost: \$55 per child (\$15 late fee after July 20)
 Goals: Provide players with a solid understanding of the fundamental skills and rules of the game – and have lots of fun!

Intermediate Half Day Camp

Who: Ages 6-15, boys and girls
 When: July 27 - July 31, 8:30 -11:30 a.m.
 Where: CSU-Pueblo Soccer Complex
 Cost: \$80 per child (\$15 late fee after July 20)
 Goals: Provide players with review of the basic skills and tactics. Introduction to higher level skills and tactics.

Daily Routine:
 8:30-10:30 a.m.: Skills and tactics
 10:30-11:30 a.m.: Small group and full-sided games
There will be at least two hours of goalie work. Players are required to bring shinguards, soccer ball and water.

All Day Camp

Who: Ages 7-15, boys and girls
 When: July 27 - July 31, 9 a.m.- 4:30 p.m.
 Where: CSU-Pueblo Soccer Complex, Gym, Pool
 Cost: \$165 per child, lunch included (\$15 late fee after July 20)
 \$130 per child, no lunch (\$15 late fee after July 20)

Goals: Provide players with high level skills and tactics instruction. Introduction to futsal (indoor soccer with a weighted ball) and swimming for muscle recovery.
Players are required to bring shinguards, soccer ball, water, swimming suit, and indoor soccer/gym shoes.

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.
- 3.) Mail forms and checks to: CSU-Pueblo Soccer, 2200 Bonforte Blvd., Pueblo, CO 81001
- 4.) Arrive 30 minutes early on the first day of camp to check in.

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 (CIRCLE 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 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: _____
