Camp Director

SIERRA CARDENAS
CSU-PUEBLO HEAD
WOMEN'S SOCCER COACH

• Entering 4th season as the CSU-Pueblo Head 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.
• 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
March 29, 2020
&
June 27, 2020

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

8:45 a.m. - Check-In ALG Stadium
9 a.m.- 11 a.m. - Training Session 1
11 a.m.- 12 p.m. - ThunderBowl tour / Q&A session
12 p.m. - 3 p.m. - Lunch in the cafeteria and Campus Tour
3 p.m. - 5 p.m. - Training Session 2
5 p.m. - 6 p.m. - Optional 1-on-1 meetings with coaching staff

How to Register

1.) Complete this registration form and liability release OR complete registration at www.packwomenssoccercamps.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 Information

Who: Girls graduating high school in 2020, 2021, 2022, 2023 AND eligible college transfers

When: **Sunday, March 29, 2020 AND Saturday, June 27, 2020**

Where: CSU-Pueblo Campus (Art & Lorraine Gonzales Stadium Check-In)

Cost: $100 per camper. Cost includes: lunch in the cafeteria on Saturday, October 5th, 6 hours of training/instruction and camp t-shirt.

What to Bring: Cleats, Water Bottle, Shinguards, Sunblock, Indoor Shoes (in case of inclement weather)

Refund Policy: 50% of tuition will be refunded up to one week before camp, after that point, no refunds will be issued

Need a Place to Stay?

CSU-Pueblo is proud to have three lodging options while participating in one of our Pack Summer Camps! BE SURE AND MENTION CSU-PUEBLO ATHLETICS WHEN MAKING YOUR RESERVATIONS!

Holiday Inn Express & Suites - *4530 Dillon Dr., Pueblo, CO 81001, (719) 542-8888*

Courtyard by Marriott - *110 W City Center Dr., Pueblo, CO 81003, (719) 542-3200*

Wingate by Wyndham - *4711 N. Elizabeth St., Pueblo, CO 81008, (719) 586-9000*

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: _____
IF PAYING BY CHECK, ENCLOSE PAYMENT W/REGISTRATION
Cost: $100. 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 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: _____