

Beginners Day Camp - June 27 - June 30
Intermediate Day Camp: June 27 - July 1
Deadline: Friday, June 13 or \$10 late fee

All Day Camp: August 1 - 4

Deadline Friday, July 18 or \$10 late fee

Late Registration Fee is \$10

1. Complete this registration form and the Liability Release and Waiver on the reverse side.
2. Make checks payable to CSU-Pueblo Soccer
3. Mail forms and checks to:

CSU-Pueblo Soccer Camp
2200 Bonforte Blvd.
Pueblo, CO 81001

or register online at
www.packcamps.com

4. Arrive 30 minutes early on the first day of camp to check in.

CSU-Pueblo Soccer
154-012
2200 Bonforte Blvd.
Pueblo, CO 81001

2011 ThunderWolves SOCCER



SUMMER CAMPS

Beginners Day Camp - June 27 - June 30
Intermediate Day Camp: June 27 - July 1
Deadline: Friday, June 13 or \$10 late fee

All Day Camp: August 1 - 4

Deadline: Friday, July 18 or \$10 late fee

Registrations are now being accepted!
For more information call
(719) 549-2793 or (719) 549-2007.

Register online at www.packcamps.com

BEGINNERS DAY CAMP

Who: Ages 5 - 10, boys and girls

When: June 27 - June 30, 8:30 - 10:30 a.m.

Where: CSU-Pueblo Soccer Field

Cost: \$50 per child (\$10 late fee after June 13)

Goals: Provide players with a solid understanding of the fundamental skills and rules of the game, and have lots of fun!

Daily Routine:

8:30 - 9:45 a.m. Skills

9:45 - 10:30 a.m. Small group and skill games

There will be one hour of goalie work at this camp. Players are required to bring shinguards, ball and water.

INTERMEDIATE DAY CAMP

Who: Ages 6 - 14, boys and girls

When: June 27 - July 1, 8:30 - 11:30 a.m.

Where: CSU-Pueblo Soccer Field

Cost: \$75 per child (\$10 late fee after June 13)

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, ball and water.

ALL DAY CAMP

Who: Ages 7 - 15, boys and girls

When: Aug. 1 - 4, 9 a.m. - 4:30 p.m.

Where: CSU-Pueblo Soccer Field, Gym and Pool

Cost: \$130 per child, lunch included (\$10 late fee after July 18)
\$115 per child, no lunch (\$10 late fee after July 18)

Goals: Provide players with high level skills and tactics instruction. Introduction to futsal (indoor soccer with a weighted ball), 2011 Women's World Cup game analysis, and swimming for muscle recovery.

Players are required to bring shinguards, ball, water, swimming suit, and indoor soccer/gym shoes.

CAMP DIRECTORS

Roy Stanley

●CSU-Pueblo Head Coach, Men's Soccer

●US Soccer "A" License

●Parade Magazine All-American

●Princeton University 1st Team All-Ivy League

●Pueblo Rangers Board Member and Coach

●RMAC Co-Coach of the Year, 1999 and 2008

●NSCAA Regional Coach of the Year, 2002

Janet Cassidy

●CSU-Pueblo Head Coach, Women's Soccer

●Alaska ODP Coach, Girls 95

●Ventura County Fusion Women's Professional League, Assistant Coach

●Women's Semipro player, 2 years

●Inland Valley League (CA) HS Coach of the Year, 2003

OTHER CAMP DIRECTORS:

CSU-Pueblo Assistant Coaches, CSU-Pueblo

Student Athletes, Top Youth Coaches

ALL CAMPS INCLUDE:

●Top Level Instruction

●Free Camp T-shirt

●Written Evaluation

●Excellent Facilities

●Individual Contests and Awards

REGISTRATION FORM

Camper's Name _____

Address _____

City/State/Zip _____

Age _____ Sex (circle one) M F

T-shirt Size(circle one) YS YM YL
AS AM AL XL

Home Phone _____

Emergency Phone _____

Parent's Name _____

Email Address _____

Fee (check all applicable)

_____ Beginners Day Camp, \$50 June 27 - June 30

_____ Intermediate Day Camp, \$75 June 27 - July 1

_____ All Day Camp, \$130 (includes lunch) Aug. 1 - 4

_____ All Day Camp, \$115, (no lunch) Aug. 1 - 4

CSU-PUEBLO RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER - CSU-PUEBLO SOCCER CAMPS

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-Pueblo 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.

Name 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 Number _____

Member ID # _____ Group ID # _____

Medical Insurance Company Phone Number _____

Medical Insurance Address _____

Parent / Guardian Signature _____ Date _____