

Camp Director & Staff

DAX CHARLES

CSU-PUEBLO HEAD WRESTLING COACH



The 2017 RMAC Coach of the Year for the RMAC Champion ThunderWolves, Coach Charles is in his 10th season as CSU-Pueblo's Head Wrestling Coach. A former national champion at CSU-Pueblo (1992) and a three-time All-American, he was inducted into the NCAA Division II Hall of Fame in 2012 and CSU-Pueblo Athletics Hall of Fame in 2015. He served as a Pack assistant coach from 1995-2001.

MIKE ROUMPH

CSU-PUEBLO ASSISTANT WRESTLING COACH



Coach "Mike" in his 10th season currently runs a successful fundraising program for CSU-Pueblo Wrestling. Mike has coached one national champion and eight Division II All-Americans. Mike works with the upper weight class wrestlers on the Pack team.

RAY HALL

CSU-PUEBLO ASSISTANT WRESTLING COACH



Ray Hall enters his fourth season after concluding his collegiate career with CSU-Pueblo in 2014. He is a two-time NCAA Division II All-American at 157 and 174, earning the honors in 2013 and 2014.

CSU-PUEBLO ASSISTANT COACHES



TREY
PAGE



GARRETT
JONES



JACOBI
JONES

Colorado State University-Pueblo Wrestling
2654-003
2200 Bonforte Blvd.
Pueblo, CO 81001



PACK WRESTLING CAMPS 2018

Pack Technique Camp
June 12-14
\$125 per Camper

Pack Team Camp
\$550 per Team

CAMP PHILOSOPHY

"To train our campers like a ThunderWolf, training to win a National Championship."

MISSION STATEMENT
"...To build future team and individual champions."



2018 Technique Camp

June 12-14

2018 Team Camp

To schedule a on-site or off-site team camp please call Dax Charles at (719) 252-8283 or email him at dax.charles@csupueblo.edu.

Cost is \$550/team, plus travel for 3

CHECK-IN & SCHEDULE

Campers will check-in from 8-8:30 a.m. on the first day of camp at the Massari Wrestling Room and check out following Session 2 on the last day.

SESSION 1: 9 a.m. - 11 a.m.

SESSION 2: 12 p.m. - 2 p.m.

SESSION 3: 3 p.m. - 5 p.m.

Typical session includes techniques, drills, and live wrestling

Pack Wrestlers at Camp

P.T. Garcia - 141, Lakewood, Colo., 2x National Qualifier

JaVaughn Perkins - 184, Omaha, Neb., 2x All-American

Josiah Seaton - 125, Bonner Springs, Kan., RMAC Champ

Justin Davis - 141, Pueblo, Colo., 2016 CO State Champ

Camp Tuition & Costs

The tuition to attend the Pack Wrestling Technique Camp is just **\$125!**

The cost includes all three days of the camp and gives each camper an opportunity to train hands-on with some of the best wrestling minds in the country!

How Do I Register?

Online registration is preferred at: packwrestlingcamps.com

Fill out the attached form with payment and mail to:
CSU-Pueblo Wrestling Camps
2200 Bonforte Blvd.
Pueblo, CO 81001

CAMP REGISTRATION FORM

SAVE TIME & REGISTER ONLINE @PACKCAMPS.COM!

☐ June 12-14 ☐ Team Camp

ADULT T-SHIRT SIZE: (circle one) S M L XL XXL

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____

E-MAIL: _____

AGE: _____ **WEIGHT:** _____ **GRADE IN SEPT:** _____

HIGH SCHOOL: _____

COACH'S NAME: _____

COACH'S PHONE: _____

CREDIT CARD#: _____ **EXP.** _____

FULL NAME ON CARD: _____

IF PAYING BY CHECK, ENCLOSE PAYMENT W/REGISTRATION

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

CSU-PUEBLO PACK WRESTLING 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 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: _____
