

Camp Director & Staff

DAX CHARLES

CSU-PUEBLO HEAD WRESTLING COACH



Coach Charles, in his seventh season as CSU-Pueblo's Head Wrestling Coach, was a former national champion at CSU-Pueblo (1992) and a three-time All-American (1991, 1992, and 1994). He was inducted into the NCAA Division II Hall of Fame in 2012. In addition to his head coaching experience,

Charles was an assistant coach at CSU-Pueblo from 1995-2001.

MIKE ROUMPH

CSU-PUEBLO ASSISTANT WRESTLING COACH



Coach "Mike" in his seventh season currently runs a successful fundraising program for CSU-Pueblo Wrestling. Mike has coached one national champion and four 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 first season after concluding his collegiate career with CSU-Pueblo in 2014. He is a two-time NCAA Division II All-American at 165, earning the honor in 2013 and 2014.

CHAD VANDIVER

CSU-PUEBLO ASSISTANT WRESTLING COACH



Chad Vandiver enters his first season as a volunteer assistant coach with the CSU-Pueblo wrestling program. Chad works with the Pack lightweight classes.

CSU-Pueblo Wrestlers

Matt Addington - 2013 NCAA Division II National Qualifier

Jacob Mitchell (HWT) - DII (2nd), NJCAA National Champ

Tim Urenda - 141, Pueblo, Colo.

JaCobi Jones - 165, Omaha, Neb.

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

PACK WRESTLING CAMP 2015

Pack Technique Camp

June 2-4

June 13-15

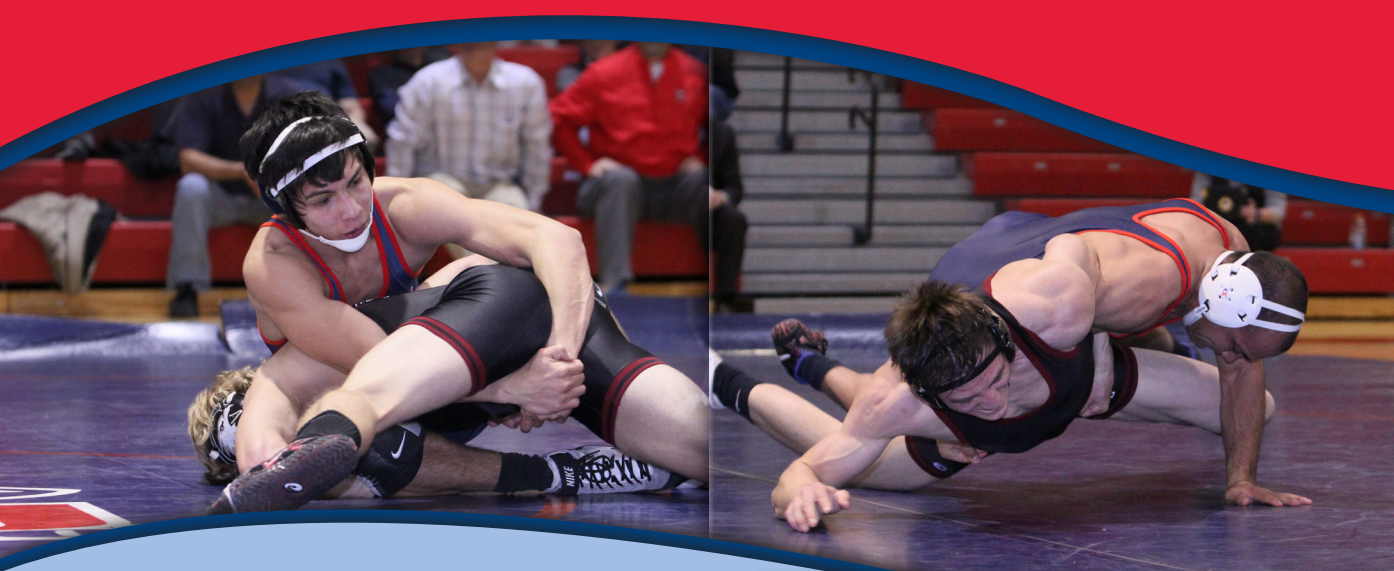
\$100 per Camper

MISSION STATEMENT

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

CAMP PHILOSOPHY

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



2015 Technique Camp

June 2-4

June 13-15

2015 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 \$500/team

CHECK-IN & SCHEDULE

Campers will check-in at 8 a.m. to 10 a.m. on the first day of camp at the Masarri Lobby and check out at 3 p.m. on the final day of the camp.

SESSION 1: 10 a.m.-12 p.m.

SESSION 2: 1 p.m.-3 p.m.

SESSION 3: 5 p.m.-7 p.m.

Typical session includes techniques, drills, and live wrestling

Camp Tuition & Costs

The tuition to attend the Pack Wrestling Technique Camp is just **\$100!** 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!

Room & Board (Extra Cost)

Room, board and meals are an additional \$100 per camper. Room per day cost is \$19.50 per camper and Room and Board per day cost is \$39.00 per camper. * Must reserve rooms by May 15th.

Breakfast \$6.65

Lunch \$9.20

Dinner \$10.25

HOW DO I REGISTER?

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

For your convenience, online registration is available at packwrestlingcamps.com

CAMP REGISTRATION FORM

SAVE TIME & REGISTER ONLINE @PACKCAMPS.COM!

June 2-4

June 13-15

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: _____
