

## 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 18th 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 2012 and CSU Pueblo Athletics Hall of Fame in 2015. He served as a Pack assistant from 1995-2001.

### TREY PAGE

ASSISTANT COACH



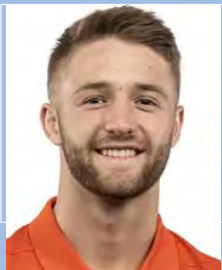
During the summer of 2019, Trey Page was promoted to full-time assistant wrestling coach after three seasons with the pro-gram. Page is in his sixth season with the Pack. In charge of the higher weight classes he worked with three wrestlers who earned top 10 national rankings.

### GRANT WILLITTS

ASSISTANT COACH

#### Oregon State

- 2022 NCAA All-American 4th (141)
- 2021 NCAA Qualifier (141)
- 2021 Pac-12 Champion (141)
- 2020 NCAA Qualifier (141)
- 2020 Pac-12 Runner-Up (141)
- 2019 NCAA Qualifier (141)
- 2019 Pac-12 Champion (141)
- 2020 Pac-12 Wrestler of the Week (Jan. 29)
- 3X CO State Champ- Pueblo County



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



# PACK

## WRESTLING CAMPS 2025

Pack Technique Camp  
June 17-19

\$125 Commuter Camper  
\$275 Resident Camper (Includes Room & Board)

Pack Team Camp  
\$600 per Team

Registration Deadline: June 1

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

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



## 2025 Technique Camp

**JUNE 17-19**

\$125 - Commuter Camper

\$275 - Resident Camper (Includes Room & Board)

## 2025 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](mailto:dax.charles@csupueblo.edu).

**Cost is \$600/team, plus travel for 3**

### CAMP SCHEDULE

Campers will check-in from 8:30-9:30 a.m. on the first day of camp at the Massari Wrestling Room and check out following lunch on the last day.

**SESSION 1:** 9:30 a.m. - 11 a.m.

Lunch: 11:45 a.m. - 1 p.m.

**SESSION 2:** 1:30 p.m. - 3:30 p.m.

Free Time: 3:30 p.m. - 5 p.m.

Dinner: 5:15 p.m. - 6 p.m.

**SESSION 3:** 6 p.m. - 8 p.m.

Typical session includes techniques, drills, and live wrestling

## Pack Wrestlers at Camp

Solomon Arnds-Volcin, 174, So., Colorado Springs, Colo.

Eddie Bowman, 133, Fr., Trinidad, Colo.

Hayden Tuma, 141, Fr., Boise, Idaho

## Camp Tuition & Costs

The tuition to attend the Pack Wrestling Technique Camp is just **\$125 for a commuter camper and \$275 for resident camper!** Resident Camper price includes room & board.

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](http://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 AT [PACKWRESTLINGCAMPS.COM](http://PACKWRESTLINGCAMPS.COM)

- Commuter Camper (\$125 per athlete)
- Resident Camper (\$275 per athlete, includes room & board)
- 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: \_\_\_\_\_ **GENDER:** \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

COACH'S NAME: \_\_\_\_\_

COACH'S PHONE: \_\_\_\_\_

### 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 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: \_\_\_\_\_