

Camp Director



TOMMIE JOHNSON
CSU-PUEBLO ASSISTANT
MEN'S BASKETBALL COACH

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Office: (719) 549-2728

CAMP STAFF

CSU-Pueblo Assistant Coaches

CSU-Pueblo Men's Basketball Student-Athletes

Guest Coaches



Colorado State University-Pueblo Men's Basketball
2200 Bonforte Blvd.
Pueblo, CO 81001



PACK

MEN'S BASKETBALL ELITE MIDDLE SCHOOL CAMP

Massari Arena
September 5, 2015
10 AM - 2 PM



Camp Philosophy

This camp has been designed for passionate middle school age basketball players who want an introduction to intense player development. This camp will offer a mix of fundamentals, competition and repetition. We will offer a high energy staff with a limited number of campers.

Camp Information

Who: Boys and Girls Currently in the 6-8th Grade

When: September 5 from 10 a.m. - 2 p.m.
Check-in at 9:45 a.m.

Where: Massari Arena

Cost: \$40 per camper (CAMP WILL BE LIMITED TO 40 PARTICIPANTS)

Equipment: Please bring a basketball, shoes, water and socks

Camp Emphasis

Offensive Skill Development

- * Ball Handling
- * Shooting (off the catch, on the move, off the dribble)
- * 1-on-1 Scoring
- * Handling Ball Pressure
- * Footwork

Defensive Skill Development

- * 1-on-1
- * Help side & Closeouts
- Conditioning and More!

How to Register

1) Mail completed forms and checks to:
CSU-Pueblo Men's Basketball, 2200 Bonforte Blvd., Pueblo, CO 81001

*Makes checks payable to CSU-Pueblo Men's Basketball

2) Contact Tommie Johnson at tommie.johnson@csupueblo.edu or (719) 549-2728

CAMP REGISTRATION FORM

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: _____
CREDIT CARD#: _____ EXP. _____
FULL NAME ON CARD: _____

IF PAYING BY CHECK, ENCLOSE PAYMENT W/REGISTRATION

Cost: \$40. Checks should be made payable to CSU-Pueblo Men's Basketball

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: _____