

CAMP DIRECTOR



Christie Koschke Head Coach

Christie Koschke, former standout Division I pitcher at Brigham Young University and "local legend" as the top pitcher on two state championship squads at Pueblo West High School, was appointed to the position of Head Softball Coach at CSU-Pueblo in 2012.

Koschke enjoyed a stellar collegiate career as a pitcher at BYU from 2007-10, leading the Cougars to four straight NCAA Tournament appearances, including one trip to the Super Regionals where she battled a powerhouse University of Arizona team. She finished her career with 63 wins, second-most in BYU history, earning a slew of honors in the process, including First Team All-Mountain West Conference, MWC Pitcher of the Year in 2009, and First Team All-Region distinctions.



151-104
Colorado State University-Pueblo Softball
2200 Bonforte Blvd.
Pueblo, CO 81001



PACK FUNDAMENTAL WINTER CAMP

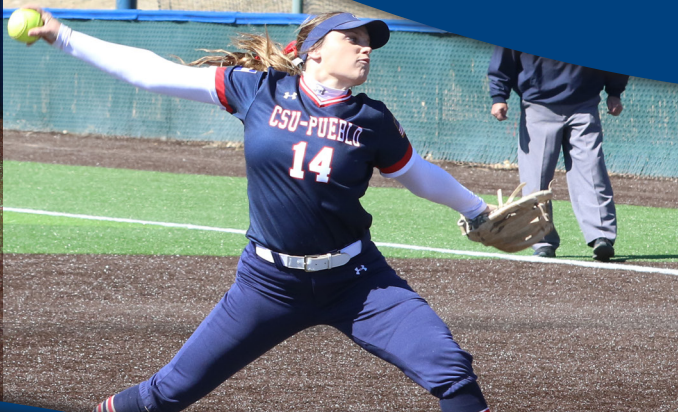
January 12, 2020

SOFTBALL ACADEMY
LIVESTOCK PAVILION
STATE FAIRGROUNDS

MISSION STATEMENT

"...To build future team and individual champions through hard work and positive attitudes."

PACK SOFTBALL



CAMP INFORMATION

Campers will learn how to execute the basic fundamentals of softball. Campers of all ages are welcome to attend. The fundamental camp will include defense, hitting and position specific instruction.

DEFENSE:

- Footwork
- Throwing
- Infield drills
- Outfield drills
- Situational skills

OFFENSE:

- Hitting
- Technique
- Baserunning
- Situations
- Swing Breakdown

CHECK-IN / SCHEDULE

January 12, 2020

Check-In: 9:30 AM

Session 10 AM - 11:30 AM (All Skills)

Session 2: 12 PM - 1:30 PM (All Skills)

CAMPTUITION/COST

Ages
8 and under
10 and under
12 and under

Prices

Single Rate - \$40

Family/Team Rate - \$30 (7 or more)

*Camp cost does not include lunch.
Please bring own lunch and water.

How Do I Register?

Fill out this brochure and mail in your payment or visit www.Packcamps.com and pay online.

CAMP REGISTRATION FORM

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

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

E-MAIL: _____

AGE: _____

Position : _____

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 SOFTBALL 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-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.

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: _____