Camp Directors



Brian Pearson

Head Swimming & Diving Coach CSU-Pueblo Athletics

Brian Pearson enters his sixth season as the head coach of the CSU-Pueblo swimming & diving team

In the ThunderWolves' first season of competition, Pearson coached a pair of swimmers to RMAC All-Conference accolades. Samantha Sannes was tabbed to the all-conference first team in the 1650 free, while April McDonough garnered a secondteam nod in the 500 free.

The Pack has since earned nine dual win. Pearson helped Stefany Busch become the Pack's first NCAA Individual qualifier in 2017.

A Pueblo native, Pearson came to CSU-Pueblo with a total of 15 seasons of experience as a head swimming and diving coach at the collegiate level.



Quint Seckler

Head Swimming & Diving Coach Adams State University

Seckler finished his first season in Alamosa after a storied prep career in New Mexico at La Cueva High School (1991-2003) and most recently at

Eldorado High School (2009-17). His coaching career spans over 33 years and includes 28 Metro Championships, 12 State Championships, and 4 Coach of the Year awards. During the 2001-02 season, Seckler was one of eight finalists for the NFHSCA National High School Coach of the Year.





CEST-PIEDD Patter Claus Swimming CAMP

JUNE 10-12 PUEBLO COUNTRY CLUB AGES 12-18



Typical Camp Day

CHECK IN: RESIDENCE HALL CHECK-IN SUNDAY 6/09 FROM 2-3 P.M. CHECK OUT: THURSDAY 6/13 2019 3 P.M.

7:45 A.M.	WAKE UP
8:00 A.M.	BREAKFAST
8:30 A.M.	Vans leave from breakfast
8:45 A.M 9:00 A.M.	DRYLANDS
9:00 A.M 11:00 AM	SWIM (OUTDOOR 25M)
12:00 P.M12:45 P.M.	LUNCH
1:00 P.M 5:00 PM	REST/ ACTIVITY
5:00 P.M.	DINNER
6:15 P.M6:30 P.M.	DRYLANDS
6:30 P.M8:00 P.M.	SWIM
(Comm	nuters go Home after practice)
0.00 DM	DEDORT TO DORM

9:00 P.M. 10:00 P.M.

κεροκί το dorm LIGHTS OUT

MEALS AND LODGING **RESIDENTIAL CAMPERS WILL BE HOUSED IN THE CSUP RESIDENCE HALLS, WITH MEALS WILL BE** PROVIDED BY AVIANDS FOOD SERVICES.

CAMP DETAILS

 The Paws N Claws Swimming/Diving/Water Polo Camp is open USA Swimming registered athletes ages 12-18.

 All camp swim sessions will be held at the Pueblo Country Club.

Athlete to Coach ratio @ 10:1

•The dining hall and residence halls are on the CSU-Pueblo Campus

•The last day of camp will end at 6 p.m. Thursday.

•Bring Suits, Towel, Goggles, T-shirts, shorts, water bottle, and a SMILE.

 Residents are responsible for bringing their own Bedding (or sleeping bag) towels, toiletries, and an alarm clock.

•The typical residence hall rooms will have two campers.

•University Vans will provide transportation to and from the **Country Club**

•Cost: \$450 for Commuters \$550 for Overnight Campers

CAMP REGISTRATION FORM SAVE TIME & REGISTER ONLINE @PACKCAMPS.COM!

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:		
CELL PHONE:		
E-MAIL ADDRESS	*	
*Will be the main form	n of communication about ca	amp details/changes, etc.
EMERGENCY PHO	NE:	
AGE: HS GR	ADUATION YEAR:	
POSITION:		
PARENT'S NAME:		
CREDIT CARD#:		EXP.
FULL NAME ON C	ARD:	

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

Group ID #

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 Responsibil ity, 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#