Camp Director - Curtis Loyd



Curtis Loyd became the 10th head women's basketball coach in school history. In his first season at the helm, Loyd coached the Pack to finish in first place in the RMAC Regular Season and its sixth RMAC Tournament title.

Building on previous success is nothing new for Loyd. He comes to the Pack from Louisiana State University Shreveport of the NAIA where he led the Pilots to a 22-10 record and a program-record 15 conference wins.

Loyd guided the Pilots to their first Red River Athletic Conference Tournament Championship. For his efforts, Loyd was recognized as RRAC Coach of the Year in his only season behind the bench for the Pilots. In just one season in Shreveport, Loyd mentored three student – athletes to First Team All-RRAC, including RRAC Player of the Year Kourtney Pennywell.

For 20 years prior to his time with the Pilots, Loyd served as an assistant women's basketball coach at the NCAA D-I level. His most recent experience came at Indiana University where he helped the Hoosiers to a 36-28 record over two seasons. In his second year with the Hoosiers, Loyd helped them to an NCAA Tournament appearance and first round victory over University of Georgia.



DACK WOMEN'S BASKETBALL SUMMER CAMPS

The place to come for great skills coaching!

Team Camps: June 16-17 & June 23-24 Elite Camp: June 11-15 Pack-In-Training Camp: July 16-18 Daughter's Camp: July 19-20



Team Camps

- Who: HS Varsity and JV Teams
- When: June 16-17 and June 23-24
- Cost: \$450 per team (\$50 discount Varsity/JV teams)
- Goals: Camp consists of 5 guaranteed games and provides great competition for your players. There will also be a coaches' clinic.

Elite Camp

- Who: HS Freshmen thru Senior Girls
- When: June 11-
- Cost: \$100 per athlete Commuter (\$25 late fee after June 4)
- Goals: Emphasis will be on shooting, ball handling, and individual team offense and defense. Provide players with small groups and individual instruction by CSU-Pueblo players and coaching staff

Pack-In-Training

Who: Incoming 3rd - 6th graders and 7th-9th graders

- men. July 16
- Cost: \$75 per camper

Introduce future all-americans to the introductory program in a fun setting. Develop basketball skills and improve knowledge and drills to become a better player.

Daughter's Camp

Basketball

Nho: Daughter and Mom OR Dad

2017-18

hen: July 19-20

Women's

Cost: \$50 per cam

fournament

bals: Fun camp to emphasis teamwork, knowledge of the game and to develop more skills. Drills and contests together, but also a good time for parents to hang out with their kids.

How to Register

 Complete this registration form and liability release (Or complete registration at PackCamps.com)
Makes checks payable to CSU-Pueblo Women's Basketball.

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

4.) Arrive 30 minutes early on the first day of camp to check in.

SAVE TIME & REGISTER ONLINE @PACKCAMPS.COM!

Camp (Circle One): Team Elite Daughters' Camp Pack-In-Training

T-SHIRT SIZE: (circle one) S M L XL XXL	KID/ADULT
NAME:	
ADDRESS:	
CITY: STATE: ZIP:	
HOME PHONE: CELL PHONE:	
E-MAIL:	
AGE: WEIGHT: GRADE IN SEP. 2017:	
SCHOOL:	
<u>COACH'S NAME:</u>	
COACH'S PHONE:	
CREDIT CARD#: EX	KP.
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 BASKETBALL 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 abovenamed 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 hones, 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)

an 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:		