



BULLDOGS



BC Women's Soccer 2015 Winter ID Camp

Bellevue College Women's Soccer program would like to invite current high school seniors to attend the 2015 Sr. College ID Camp. This event will be instructed by women's head coach Kiko Magana. This is a great opportunity to be recruited and be considered as part of the recruiting class of 2015.



2014 Bellevue College Women's Soccer Team



#14 Winter Wirkkala

Date: Sunday, January 11 2015

Location: Bellevue College Gym (G-Building)

Ages: High school seniors & college transfer students

Cost: \$10

****ID Camp will be indoors – Please bring indoor shoes for entire session.****

SCHEDULE OF EVENTS:

- * 3:30PM: CHECK IN @ BC GYM—With waiver & payment
- * 4:00PM – 4:15PM: Warm-Up
- * 4:15PM— 4:30PM: Speed/Agility
- * 4:30PM – 4:50PM: Technical Training
- * 4:50PM – 5:10PM: Tactical Training—Possession
- * 5:10PM – 5:30PM: Small Sided 5v5
- * 5:30PM— 5:50PM: 8v8
- * 5:50PM—6:00PM: Cool Down / ID Camp Wrap-Up

Campus Map: <https://www.bellevuecollege.edu/location/maps/main/>

Campus Parking Map: <https://www.bellevuecollege.edu/location/maps/parking/>



CONTACT COACHING STAFF FOR MORE INFORMATION:

Kiko Magana
Bellevue College
Women's Soccer Head Coach
3000 Landerholm Circle S.E.

Bellevue, WA 98007
425-564-3124 - Office
425-564-3129 - Fax
A.Magana@bellevuecollege.edu

Registration Form:

Name _____

Age _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Email _____

HS _____

HS Grade _____

Club Team _____

Emergency Contact _____
Phone _____

RELEASE OF LIABILITY:

I understand and agree that the participation of my child in any camp or sports clinic held at Bellevue College is voluntary. I further understand and agree that Bellevue College is not liable for any injury, damage, or other loss which my child may cause or incur, or may cause others to incur, while using college facilities or equipment. I authorize all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a treating physician for my child if I cannot be reached in any emergency. I further agree that neither I nor my child will bring any claims of any kind against Bellevue College and/or its soccer camp employees as a result of any injuries, expenses or damages that I or my child may suffer in connection with my child's participation in the camp, whether such claims are known or unknown or arise in the future.

PARENT/GUARDIAN NAME (Please print)

SIGNATURE

DATE _____

Payment:

(Full payment required with registration form)

Credit Card:

(Circle One) VISA MasterCard Discover

Credit card #

Expires _____

Name on Card _____

Check:

Payable to "*Bellevue College Women's Soccer*"
3000 Landerholm Circle SE
Bellevue, WA 98007

**SEND COMPLETED REGISTRATION
FORM AND PAYMENT TO:**

Bellevue College Women's Soccer
3000 Landerholm Circle SE
Bellevue, WA 98007