



BELLEVUE COLLEGE ATHLETICS
3000 Landerholm Circle SE
Bellevue, WA 98007

Bellevue College Men's Soccer 2013 ID / High School Prep Camp

Bellevue College Men's Soccer program would like to invite current high school students to attend our 2013 ID / High School Prep camp. This is a great opportunity to get ready for the upcoming high school season and learn some tips and tricks from collegiate coaches and athletes.

This is also a great opportunity for seniors to get recruited if they haven't committed anywhere and a good first look for freshman, sophomores and juniors.

Players will also have the opportunity to tour campus and hold meetings with head coach, Andrew Croft, to ask any questions they have about playing collegiate soccer.

DATES: **Friday, February 22** – Technical work – dribbling and passing, 11v11 games
Sunday, February 24 – Shooting and Finishing, 11v11 games

TIME: **Friday from 4 – 6 p.m.**
Sunday from 10 a.m. – 12:30 p.m.

LOCATION: Bellevue College Soccer Field

DIRECTIONS: From Interstate 90, take exit 11-B and follow the signs to BC. Pass the main entrance on 148th Avenue NE and make a left turn at the traffic light on NE 24th Street. Proceed west into the back entrance of BC and you will see the baseball field.

COST: \$75 Payment methods: Cash or by Check (Please make checks to "Bellevue College Men's Soccer")

REGISTRATION: Pre-registration can be filled out and sent back to Bellevue College prior to camp

Please send registration forms to:

Bellevue College, Men's Soccer, Landerholm Circle S.E., Bellevue, WA 98007
(see registration form below)

Registration will also be taken on the first day of camp – please make sure you bring the form below completely filled out

CONTACT COACHING STAFF FOR MORE INFORMATION:

Andrew Croft

Men's Soccer Head Coach
3000 Landerholm Circle S.E.
Bellevue, WA 98007
425-564-2421 - Office
425-564-3129 - Fax

andrew.croft@bellevuecollege.edu



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3000 Landerholm Circle SE, Bellevue 98007
(425) 564-2351 FAX (425) 564-3129

Bellevue College Soccer Waiver

Release of Liability — Permission to participate in BC Soccer Camps.

Players name: _____ Date of Birth: _____

Parent(s) name: _____

Home phone: _____ Cell phone: _____

High School: _____ Club Team: _____

Position: _____

Accident Insurance Waiver

I accept full responsibility for any injury I may suffer while taking part in Bellevue College Soccer tryouts.

My insurance plan: _____

Company name: _____

Policy #: _____

Provides full coverage and releases the Bellevue College and all other sponsors and their employees of any financial responsibility.

In the event of injury I should be referred to:

Doctor's name: _____

Phone: _____

My insurance policy will assume full responsibility for any medical expenses.

Signature Date

Parent(s) Signature required if under eighteen (18) years of age.

Signature Date

