



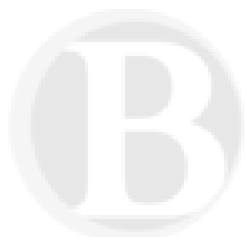
BULLDOGS



BC Women's Soccer 2014 Spring ID Camp

Bellevue College Women's Soccer program would like to invite current high school students to attend the 2014 spring College ID Camp. This is a great opportunity to experience college level training, attend a lecture from the coaching staff/players, and tour the campus.

All training will be directed by head coach Kiko Magana and goal keeper coach Evan Gaul. The lecture will give future collegiate athletes the opportunity to ask questions regarding the recruiting progress and what student-athletes should look for in college soccer programs.



#8 Tatum Ross

Date: Saturday, May 31 2014

Locations: Bellevue College / Robinswood Park

Ages: High school grades 9-12

Cost: *\$75

Limited to 30 field players / 5 goal keepers

SCHEDULE OF EVENTS:

9:45AM: CHECK IN @ BC Soccer Field

Training Session I: @ BC Soccer Field

10:00AM – 11:15AM: Training (GK's train w/ BC keeper coach)

11:15AM— 11:30AM: Break

11:30AM – 12:30PM: Games

12:30AM – 2:00PM: *Lunch (Bring own lunch or get lunch off campus)

2:00PM – 3:00PM: Lecture & QA w/ staff and players

3:00PM— 4:00PM: Campus Tour

4:00PM—4:45PM: Recruit Meet & Greet (Meet coaching staff & current players)

Training Session II: @ Robinswood Park West Soccer Field

5:00PM – 5:45PM: Training (GK's train w/ BC keeper coach)

5:45PM – 7:15PM: Games

7:15PM: ID Camp Wrap—Up

**Lunch included only if registered & paid by May 1.*

Locations—

BC Soccer Field: 3000 Landerholm Circle SE, Bellevue, WA 98007

Robinswood Park: 2430 148th Ave SE, Bellevue, WA 98007

Campus Map: <http://www.bellevuecollege.edu/about/gettinghere/maps/main/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