



Bellevue College Women's Soccer 2016 Winter ID Camp

Bellevue College Women's Soccer program would like to invite current high school juniors and seniors to attend the 2016 Winter College ID Camp. This event will be instructed by women's head coach Daniel Lock. This is a great opportunity to be recruited and be considered as part of the recruiting classes of 2016 or 2017 for the Bulldogs.

DATE: Sunday January 10th / 5pm to 7pm

LOCATION: Bellevue College Gymnasium

COST: \$15

SCHEDULE OF EVENTS: Sunday January 10th

- 4:45pm: CHECK IN @ BC Gym
- 5pm-5:15pm: Warm-Up
- 5:15-5:45pm: Technical Training
- 5:45pm-6:15pm: Possession Based
- 6:15-7pm: Small Sided
- 7pm: Cool Down / ID Camp Wrap-Up

*****Please wear soccer attire, shin guards and clean indoor shoes light colored soles*****

CONTACT COACHING STAFF FOR MORE INFORMATION:

Daniel Lock

Bellevue College

Women's Soccer Head Coach

3000 Landerholm Circle S.E.

Bellevue, WA 98007

Tel: 206-406-5855

dan.lock@bellevuecollege.edu

REGISTRATION: Email dan.lock@bellevuecollege.edu to RSVP and complete following registration form.

BELLEVUE COLLEGE

S O C C E R



REGISTRATION FORM

Complete all information. Form can be turned in day of ID Camp or via email or mail.

PLAYER INFORMATION

NAME _____ AGE/DOB _____

CLUB TEAM _____ POSITION(S): _____

HIGH SCHOOL _____ HS GRAD YR _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMERGENCY CONTACT NAME _____

EMERGENCY PHONE _____ RELATIONSHIP _____

PAYMENT OPTIONS

- Cash
- Check (*payable to "Bellevue College Women's Soccer"*)

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 _____

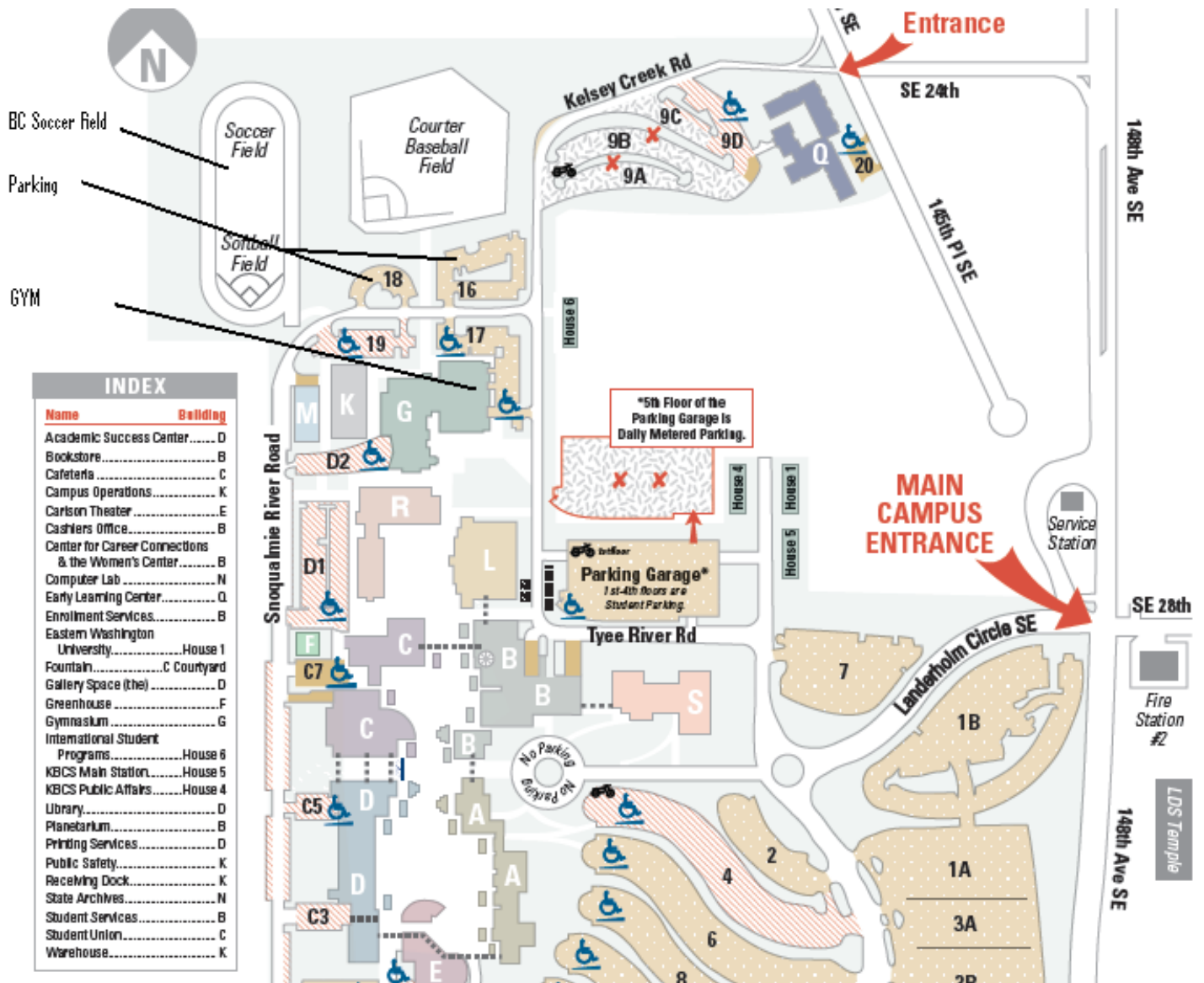
SEND COMPLETED REGISTRATION FORM AND PAYMENT TO:

Bellevue College Women's Soccer
3000 Landerholm Cir SE MS G100
Bellevue, WA 98007

OR EMAIL FORM TO: dan.lock@bellevuecollege.edu and bring payment on the day of camp.

BELLEVUE COLLEGE

S O C C E R



Directions to Main Campus:

From Seattle

Follow I-90 eastbound. Take Exit 11A towards Eastgate Way. Follow signs for 156th Ave SE & merge onto 150th Ave SE. Continue onto 148th Ave SE and turn left on SE 28th St.

From Issaquah

Follow I-90 westbound to Exit 11. After exiting, follow the signs for 156th Ave SE. At the stoplight, turn left onto Eastgate Way. Move into right lane and turn right at 150th Ave SE. Merge onto 148th Ave SE and turn left on SE 28th St.