



Autumn Soccer Camp

Eagles / Knights



Boys & Girls

Ages: 4 – 14

November 7th & 8th (Teachers' Convention – No School)



Location: Morris Knolls High School 9:00 am – 12:00 noon
www.eaglesknights.com



Camp Fee: Early Registration - \$60.00 by Oct 31st (\$70 after Oct 31)

Camp Director: Mike Mugavero Presently the Varsity Boys' Coach at **Morris Knolls High School. 2018 NJSIAA North 1 Group 4 State Champions.** Earned "**Coach of the Year**" Morris County, NJAC Conference and NJ High School State in 2018. He was an All-State Player at Morris Knolls. He played Division I Soccer at the University of Massachusetts and coached Division I at Stetson University. He has his USSF "C" and NSCAA "National" Licenses and has coached ODP. He also played Professionally in the USISL for the Orlando Lions. **Coached a Morris Knolls player in 2017 & 2018 who earned "USC ALL – American" & "New Jersey High School - Player of the Year" Honors.**

Send Registration Form and Checks payable to: "**United Soccer**"

Questions? Call/E-mail - Mike Mugavero (201)-213-5229 mmugavero@hotmail.com
19 George Street, Denville NJ 07834

(Please detach and return)

2019 Autumn Soccer Camp

Name: _____ Team: _____
Address: _____ Town: _____ Zip: _____
Phone: _____ Emergency# _____
Email: _____

(Please check appropriate level)

Travel Team _____ Recreation/In-house _____ Age: _____ Boy / Girl (circle)

Free T-SHIRT SIZE: (circle one) Youth: S M L Adult: S M L XL

If you want to purchase a SOCCER BALL, add \$10.00 to cost (circle one) Size 4 Size 5

Please list any and all medications, allergies, or misc. physical disabilities, which we should be aware of:

_____ I give my child/ward

_____ Permission to participate in the above activity (soccer camp). I understand that the activity will be supervised and the Township and United Soccer, RTSA, Morris Knolls HS, **does not insure own risk.** It is understood that this program is a physical activity and various injuries may occur. I also understand it is my responsibility to make sure the restraint is physically capable of participating in this program and a physical exam by a doctor is recommended.

I verify that the above stated address is the permanent residence of the above named restraint and that all the information stated above is, to the best of my knowledge, true and correct. Any intentional falsifying of information will result in automatic expulsion of my child/ward from the program and possible prosecution. I agree to abide by all rules, regulations, and policies as set forth by the Department of Parks and Recreation, the Recreation Committee, and the specific Sports Program Committee.

_____ (Parent/Guardian Signature)

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