



Eagles / Knights

Indoor Soccer/Futsal Games

Boys & Girls

Ages: 5 - 14

Sundays: 2/26, 3/5, 3/12, 3/19, 3/26 (five weeks)

Location: Morris Knolls High School Cost is \$80 (Drop in - \$20)

Times: 9:30 am - 10:30 (ages 5 - 9)

10:30am - 11:30 (ages 10- 14)

www.eaglesknights.com

Indoor Soccer/Futsal games:

Let's Play! Organized pick-up games for an hour. Quick warm-up then coaches will organize players in teams for equal playing time and competition.

Camp Director: Mike Mugavero Presently the Varsity Boys' Soccer 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

19 George Street, Denville NJ 07834

(201)-213-5229 mmugavero@hotmail.com

(Please detach and return)

2023 Winter Indoor/Futsal Soccer Games

Name: _____

Address: _____ **Town:** _____ **Zip:** _____

Phone: _____ **Emergency #** _____

Email: _____

(Please check appropriate level)

9:30am-10:30(ages 5-9) _____ or 10:30am-11:30am(ages 10-14) _____ Age: _____ Boy / Girl (circle)

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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