



Eagles/Knights Clinics

Speed, Agility, Fitness & Soccer Training Sessions (2 hours)



Boys & Girls

Ages: 8 - 14

Sundays: 1/26, 2/2, 2/9, 2/16, 2/23 (1 to 5 day options)
Time: 9:30 am - 11:30 am at Morris Knolls High School Gym
Cost: \$30 for 1, \$55 for 2, \$75 for 3, \$85 for 4, \$100 for all 5
www.eaglesknights.com

Speed, Agility, Fitness, and Soccer Clinic: Looking for Soccer players who want a Two-hour intense Soccer training session. Speed, Agility, and Fitness will be the focus the first hour and Soccer Skillwork/Games will be the 2nd hour.

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 15 Birchwood Rd, Randolph NJ 07869
 (201)-213-5229 mmugavero@hotmail.com
 (Please detach and return)

2025 Speed, Agility, Fitness and Soccer

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

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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