



# Spring Break Eagles/Knights Soccer and Multi-Sports Camp



2021 Spring

Boys/Girls

Ages: 4 – 14

[www.eaglesknights.com](http://www.eaglesknights.com)

April 5<sup>th</sup> – April 9<sup>th</sup>

Eagles/Knights Soccer Camp

(1-5 day options)

Eagles/Knights Multi-Sports Camp

(1-5 day options)

Location: Veterans Field (Zeek Road), Denville

Time: 9:00 am – 12:00 noon

**Soccer Camp:** This camp offers a challenging atmosphere for every soccer player while striving to enhance all aspects of their game. We provide a safe environment for learning with fun and improvements being our ultimate goal.

**Multi-Sports Camp:** Sports to be played, but not limited to the following:

Soccer, Flag-Football, Baseball, Softball, Tennis, Basketball, Volley-Ball, Pickle-Ball, Street Hockey, Wiffle-Ball, Frisbee, Kick-Ball, Bocce, Croquet, Badminton, Cornhole, 4-Square, Track & Field, etc.



**Camp Director: Mike Mugavero**

Presently the Varsity Boys Soccer Coach and Varsity Boys Tennis Coach at Morris Knolls High School.

Send signed Registration Form and Checks payable to: *“United Sports” 19 George Street Denville NJ 07834*

Questions? Call/E-mail - Mike Mugavero 201-213-5229 [mmugavero@hotmail.com](mailto:mmugavero@hotmail.com)

**[www.eaglesknights.com](http://www.eaglesknights.com) to register or use form below:**

------(Please detach & return for Camp)-----

Circle option: Soccer Camp or Multi-Sports Camp

Circle option: 1-Day \$40 2-Days \$75 3-Days \$100 4-Days \$125 5 -Days \$140

Age: \_\_\_\_\_ Boy/Girl (circle)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency # \_\_\_\_\_

Email: \_\_\_\_\_

Please list any and all medications, allergies, or misc. physical disabilities which we should be aware of: (more space – back)

I give my child/ward

\_\_\_\_\_ permission to participate in the above activity (sports camp). I understand that the activity will be supervised and the Denville Township, Morris Knolls and United Soccer. **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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