

2024 HIGHLANDER BOYS SOCCER CLINIC



Our Mission is to instruct each player in developing their soccer abilities through a variety of training exercises and drills designed to improve their skills and fitness. Training will be combined with fun group games and activities, and each camp day will conclude with small-sided games.



When: Monday July 22nd – Thursday July 25th (Rain Date – July 26th)
9am –12:00pm

Where: Governor Livingston HS Turf Field

Who: Boys entering grades 1-8 in September 2024

Tuition: Individual Camper \$210 and Siblings \$190

CANCELLATION POLICY: For a full refund, all requests for cancellations must be made by email at least 2 weeks prior to the start of camp. Any cancellation made after, will be refunded, minus a \$75 administration fee.

What to Bring: Cleats, Shin Guards, Soccer Ball, **Water and Snack**

Camp Director: Kevin Fontana
GL Varsity Coach

Coach Fontana has 20 years of coaching experience covering middle school, freshman, JV, and varsity

Staff: Staff will include members of the GL coaching staff, current, and former varsity players

Contact

Kevin Fontana

advantagesportllc@gmail.com

REGISTRATION

Please use online option for registration. Please send check after completing the online registration form.
Hold Ctrl + click the link below

[2024 Highlander Soccer Clinic Registration Form](#)

Please follow Instagram: @highlandersoccerclinic

CAMP AGENDA

Campers will work on individual skills through fun games and activities

Daily Shooting Competition

Weeklong Dribble and Shoot Competition

Small Sided (3v3) and Large Sided (7v7) games

Mailed In Application

Camper Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____

****E-mail:** _____

Sept. '24 Grade _____ **Sept. '24 School:** _____

Tee-shirt size: (Please circle one) YM YL AS AM AL AXL

Emergency Contact: _____

Emergency Contact Phone Number: _____

I hereby authorize the agents of Advantage Sports Training, LLC to act for me according to his/her best judgement in any emergency requiring medical attention. I hereby release and discharge the Berkeley Heights School District, camp staff, affiliated entities and their officers, employees, from and against any and all liability or causes of actions arising out of or in connection with my or my child's participation at camp.

Parent/Guardian Signature: _____ **Date:** _____

Mail to:
Highlander Soccer Clinic
20 Greaves Place
Cranford, NJ 07016

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