

THE ARMUTH YEARS



12 SEASONS 190-54-16

YEAR	RECORD	POSTSEASON
1994	15-6-2	MAC Semifinalist ECAC Championship
1995	16-3-1	ECAC Semifinalist
1996	13-7-0	ECAC Semifinalist
1997	15-6-0	ECAC Champions
1998	16-3-3	MAC Champions NCAA Tournament
1999	15-5	MAC Freedom Champions NCAA Tournament
2000	15-5-1	MAC Freedom Champions NCAA Tournament
2001	17-4-1	MAC Freedom Champions NCAA Tournament
2002	21-2-1	MAC Freedom Champions NCAA Tournament Quarter Finalist
2003	20-2-3	MAC Freedom Champions NCAA Tournament Finalist
2004	14-6-1	MAC Freedom Champions NCAA Tournament
2005	13-5-3	ECAC Tournament

**Lenny Armuth
Soccer Academy**
Athletic Department
Drew University
Madison, New Jersey 07940



JULY 24-28, 2006

Lenny Armuth Soccer Academy



SOCCER DAY CAMP

**Drew University Campus
Madison, New Jersey**

SCHEDULE

9:00 – 9:15 a.m.	Check-In
9:15 – 11:15 a.m.	Technique Training
11:15 – 12:00 p.m.	Lunch
12:00 – 1:00 p.m.	Swimming or Movie, Indoor Game
1:00 – 3:00 p.m.	Tactics Training
3:00 – 4:00 p.m.	Games
4:00 p.m.	Departure

PHILOSOPHY

We believe that success in soccer can best be achieved through the mastery of fundamental and an understanding of positional tactics.

Participants will receive individual instruction with emphasis on fundamentals and tactics in all aspects of the game to ensure that each player's potential is recognized and developed.

INFORMATION

LOCATION:
Drew University
Madison, New Jersey

DATES & TIMES:
July 24 – July 28, 2006
9:00 a.m. to 4:00 p.m.
Lunch Provided

COST: \$295

ELIGIBILITY:
Boys, Ages 6 to 17

**FOR MORE INFORMATION CALL
LENNY ARMUTH 973/408-3135**

DIRECTORS

LENNY ARMUTH

- Head Coach – Drew University
- National Coach of the Year 2003
- Regional Coach of the Year 2002, 2003
- New Jersey College Coach of the Year 1998
- NJ State Olympic Coach
- U.S. Maccabian Coach
- Assistant Coach – Rutgers University
- Former Professional Player

TOM ACTON

- Former Head Coach – Bloomfield High School
- Essex County Coach of the Year 1998
- Asst. Coach – Kean College National Champs
- Youth Coach – Clifton Stallions
- College All-American
- Member NJ State Under 23 Team

ACADEMY STAFF

KEVIN WILLIAMS

- Former Assistant Coach – Drew University
- Coach – Seton Hall Prep
- Assistant Coach – Columbia High School
- Division I Player – Providence College

ARMEN SIMONIATS

- Reserve Coach – MetroStars
- Under 17 State Coach

CHRIS BEZZONE

- Madison YMCA Soccer Director
- Former FDU Soccer Player
- Assistant Coach – Drew University

YVES RINGOOT

- Goalkeeper Coach – Drew University
- Belgian Soccer Federation Coaching Diploma



REGISTRATION FORM

Please complete this form and return it with you deposit check in the amount of \$100.
Make checks payable to LENNY ARMUTH SOCCER ACADEMY.

MAIL REGISTRATION FORM TO:

Coach Lenny Armuth
Athletic Department
Drew University
Madison, New Jersey 07940

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

School _____

Grade _____ Age _____

Position _____

Coach _____

Adult Shirt Size (circle) S M L XL

Soccer Ball Size (circle) 4 5

Release and Medical Treatment Authorization

In consideration of and through my involvement in the Lenny Armuth Soccer Academy, I (or on behalf of my minor child) acknowledge and agree that I risk bodily injury, including paralysis, dismemberment, and death, as well as loss of or damage to property; I knowingly and freely assume all such risk; and, I (or on behalf of my minor child), for myself, and on behalf of me heirs, assigns, and next of kin hereby release, hold harmless and promise not to sue the Lenny Armuth Soccer Academy, Drew University and its officers, officials, agents, and/or employees, with respect to all such injury, paralysis, dismemberment, death and/or loss or damage (except that which is resultant of gross negligence and/or willful or wanton misconduct). I certify that (or on behalf of my minor child) to be of my best knowledge, I am in good physical condition and have no disease or injury that would impair my performance or result in my being injured during any program participation.

In addition, I (or on behalf of my minor child) do hereby grant permission of duly authorized medical treatment by certified professionals to be administered to me (or my minor child) in the event of injury at the Lenny Armuth Soccer Academy and that all costs are my responsibility.

Participant's Signature _____ Date _____

Father or Guardian's Signature _____ Date _____

Mother or Guardian's Signature _____ Date _____

Health Insurance Company _____

Policy Number _____