



Carolina Elite Soccer Academy

2017 Fall Goalkeeper Training Program



Directed by Nick Garilas and Carolina Elite Soccer Academy (CESA) Staff

The 2017 Fall Goalkeeper Training Program will begin August 15, 2017 and continue through December 2017.
The program is designed to provide specialized goalkeeper training during the fall season.
Each daily session will last 1 hour and 15 minutes.

**Who: U7 - U12 Male and Female Goalkeepers
Monday through Thursday 5:30 – 6:45 PM**

**Who: U13 - U19 Male and Female Goalkeepers
Monday through Thursday 6:45– 8:00 PM**

Cost: \$150 per player

**Where: MeSA Soccer Complex
1020 Anderson Ridge Road, Greer, SC 29651**

Each player should bring a ball. For more information, please contact CESA Goalkeeper Coach Nick Garilas by text at 864-616-3068 or by email at cooldad2@bellsouth.net.

Choose as many Training Sessions as you wish to attend: Monday ___ Tuesday ___ Wednesday ___ Thursday ___

Player's Name: _____ Age: _____ Gender: Male: _____ Female: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____

Parents' Names: _____ Parents' Cell Phones: _____

Home Email Address: _____

List Any Allergies / Medical Conditions: _____

Emergency Contact Name and Phone: _____

RELEASE AGREEMENT: In consideration of the application, I the undersigned, being the parent or legal guardian, intending to be legally bound hereby, for my heirs, executors and administrators, waive and release any and all rights and claims for damage I may have against Carolina Elite Soccer Academy, Andrew Hyslop, Pearse Tormey, Nick Garilas, the CESA Coaching Staff and the Medical Staff provided by Bon Secours St. Francis Health System, Inc. for any and all injuries suffered by my child in the above said program. I attest and verify that my child is medically cleared to attend the above said program.

***SIGNED:** _____ ***DATE:** _____

Please Return Entire Form & Check Payable to: CESA
Attn: Fall Goalkeeper Training Program
Carolina Elite Soccer Academy
18 Boland Court
Greenville, SC 29615

www.carolinaelitesc.com

Office Use Only	
Date Received _____	
Amount Received _____	
Cash/Check #/CC Inv # _____	