



Carolina Elite Soccer Academy

2017 Recreational Summer Training Program



Directed by David Minihan

The 2017 Summer Training Program will be 8 sessions. The program is designed for players who want to continue training in preparation of the upcoming club year. Training groups will have a max of 12-16 players per staff coach. Emphasis will be on developing the player in a technical & small group environment and with more emphasis on fitness for the older age groups.

Goalkeepers will be trained by CESA Goalkeeper trainers incorporated into small-sided games in addition to their specific training.

Session Format: 45 minutes of technical work; 45 minutes of Small-Sided Games

When: Wednesdays – 8 Sessions

June: 14th & 21st & 28th

July: 5th & 12th & 19th & 26th

August: 2nd

Who: Male and Female Players Under 9 up to Under 19

Time: 5:30-7:00pm

Cost: Before June 7th:

\$200 per Player for 8 sessions

\$10 Sibling Discount for additional members of same family

or \$30 per session

After June 7th:

\$250 per Player for 8 sessions

or \$40 per session

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

Each player should bring a ball & water to each session (& gloves for GK)

For more information, contact the CESA Office at 864.329.1113 or email David Minihan at daiithi552@hotmail.com.

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, the Coaching Staff and the Medical Staff provided by Bon Secours St. Francis Health System, Inc. for any and all injuries suffered by my child at the above said summer program. I attest and verify that my child is medically cleared to attend the above said summer program.

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

Please Return Entire Form & Check Payable to: CESA

Attn: Summer 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 Rct # _____	