



Carolina Elite Soccer Academy

2017 Summer Performance Training Program

Directed by Jeff Haigler
Director of Athletic Performance for Carolina Elite Soccer Academy



- SPACE IS LIMITED -

When: **SESSION 1: May 29th, 2017 - June 30th, 2017 (15 Sessions)**
 *** Week 1 is different schedule due to last week of school – see below for changes***
 ONLY EFFECTS WEDNESDAY AND THURSDAY SESSIONS –ALL MONDAYS ARE SAME

Who & Time: **U9-11 Girls: Mondays, Wednesdays, Thursdays 3:00-4:30 PM**
 Tuesday (May 30th) & Friday (June 2nd) 4:15-5:45 PM
U9-11 Boys: Mondays, Wednesdays, Thursdays 4:30-6:00 PM
 NO CHANGES
U12-14 Girls: Mondays, Wednesdays, Thursdays 6:00-7:30 PM
 NO CHANGES
U12-14 Boys: Mondays, Wednesdays, Thursdays 9:00-10:30 AM
 Tuesday (May 30th) & Friday (June 2nd) 5:45-7:15 PM
U15-18 Girls: Mondays, Wednesdays, Thursdays 10:30 AM -12:00 PM
 Tuesday (May 30th) & Friday (June 2nd) 7:15-8:45 PM
U15-18 Boys: Mondays, Wednesdays, Thursdays 12:00-1:30 PM
 Tuesday (May 30th) & Friday (June 2nd) 7:15-8:45 PM

When: **SESSION 2: July 10th, 2017 - August 11th, 2017 (15 Sessions)**
Who & Time: **U9-11 Girls: Mondays, Wednesdays, Thursdays 3:00-4:30 PM**
U9-11 Boys: Mondays, Wednesdays, Thursdays 4:30-6:00 PM
U12-14 Girls: Mondays, Wednesdays, Thursdays 6:00-7:30 PM
U12-14 Boys: Mondays, Wednesdays, Thursdays 9:00-10:30 AM
U15-18 Girls: Mondays, Wednesdays, Thursdays 10:30 AM -12:00 PM
U15-18 Boys: Mondays, Wednesdays, Thursdays 12:00-1:30 PM

Cost: **SESSION 1: \$375 per Player SESSION 2: \$375 per Player**
SESSIONS 1 & 2: \$700 per Player
PAY PER SESSION: \$30 per Training Session (Minimum of 8 Sessions)

Where: **ALL PERFORMANCE SESSIONS Held at MeSA Soccer Complex**
1020 Anderson Ridge Road, Greer, SC 29651

For more information, email Jeff Haigler at jeff.haigler@carolinaelitesc.com

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

Address: _____ City: _____ Zip: _____

Home Phone: _____ **Home Email Address:** _____

Parents' Names and Cell Phones: _____

List Any Allergies / Medical Conditions: _____

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, Jeff Haigler, 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 training program. I attest and verify that my child is medically cleared to attend the above said training program.

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

Please Return Entire Form & Check Payable to: CESA
Attn: Summer Performance 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 # _____	