



# 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 2: July 10th, 2017 - August 11th, 2017 (15 Sessions)

**Who & Time:** U9-11 Boys & Girls : 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

**Sports Psychology Lectures:** July 11<sup>th</sup> and August 1<sup>st</sup> 6:00-7:15 PM (For U12-18 Players)

**Cost:** \$375 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](mailto: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](http://www.carolinaelitesc.com)

**Office Use Only**

Date Received \_\_\_\_\_

Amount Received \_\_\_\_\_

Cash/Check #/CC Rct # \_\_\_\_\_