



Carolina Elite Soccer Academy

2017 Winter Performance Training Program



Directed by Jeff Haigler
Director of CESA F.I.T. Athletic Performance

When: December 18, 2017 – January 10, 2018

Who & Time: U10-12 Girls: Performance - Wednesdays & Fridays 5:15-6:15 PM
Futsal Dates: December 18 @ 5:30-7:00 PM
December 23, 30 & January 6 @ 9:00-10:30 AM

U10-12 Boys: Performance - Wednesdays & Fridays 6:15-7:15 PM
Futsal Dates: December 18 @ 5:30-7:00 PM
December 23, 30 & January 6 @ 9:00-10:30 AM

U13-14 Boys & Girls: Performance - Tuesdays & Thursdays 5:15-6:15 PM
Futsal Dates: December 18 @ 7:00-8:30 PM
December 23, 30 & January 6 @ 10:30 AM -12:00 PM

U15-18 Girls: Performance - Tuesdays & Thursdays 6:15-7:15 PM
Futsal Dates: December 18 @ 7:00-8:30 PM
December 23, 30 & January 6 @ 10:30 AM -12:00 PM

U15-18 Boys: Performance – Tuesdays & Thursdays 7:15-8:15 PM
Futsal Dates: December 18 @ 7:00-8:30 PM
December 23, 30 & January 6 @ 10:30 AM -12:00 PM

***** PLEASE CIRCLE THE AGE GROUP ABOVE*****

Price: \$200 - 8 SESSIONS (Attend any 8 Sessions throughout the Winter)
\$250 - 11 SESSIONS (7 Performance & 4 Futsal)

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

ALL FUTSAL TRAININGS Held at The Pavilion
400 Scottswood Rd, Taylors, SC 29687

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: _____

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, 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: Winter 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 #	_____